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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N03431** (6)

1. Corporation Name

INGLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
299 ALHAMBRA CIRCLE, SUITE 207 CORAL GABLES FL 33134	299 ALHAMBRA CIRCLE, SUITE 207 CORAL GABLES FL 33134-5116

3. Date Incorporated or Qualified: 06/04/1984	3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2447046	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☑ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 2151 Le Jeune Rd	26 2151 Le Jeune Rd
Suite, Apt. #, etc. 22 305	Suite, Apt. #, etc. 27 305
City & State 23 Coral Gables, Fl	City & State 28 Coral Gables, Fl
Zip 24 33134 Country 25 US	Zip 29 33134 Country 30 US

9. Name and Address of Current Registered Agent

SPM GROUP, INC.
299 ALHAMBRA CIRCLE
SUITE 207
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: SPM Group Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 2151 Le Jeune Rd
83 305
84 City: Coral Gables, Fl FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE [signature] 4/28/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	☑ DELETE
NAME	FLORA SAENZ	
STREET ADDRESS	17912 NW 68 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	☑ DELETE
NAME	ALVAREZ, VICTOR H.	
STREET ADDRESS	17948 NW 68 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	☑ DELETE
NAME	FALCON, YOLANDA	
STREET ADDRESS	17954 NW 68TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☐ Addition
1.2 NAME	FALcon, yolanda	
1.3 STREET ADDRESS	17954 NW 68ave	
1.4 CITY-ST-ZIP	Miami, Fl 33015	
2.1 TITLE	VD/TD	☐ Change ☐ Addition
2.2 NAME	Bidot, Joice	
2.3 STREET ADDRESS	17900 NW 68ave	
2.4 CITY-ST-ZIP	Miami, Fl 33015	
3.1 TITLE	SD	☐ Change ☐ Addition
3.2 NAME	Fuentes Carmen	
3.3 STREET ADDRESS	17970 NW 68ave.	
3.4 CITY-ST-ZIP	Miami, Fl. 33015	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE x [signature] [illegible]