

FILE NOW: FILING FEE IS \$61.25

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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
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DOCUMENT # **N03431** (6)

1. Corporation Name

INGLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC



Principal Place of Business

**299 ALHAMBRA CIRCLE, SUITE 207
CORAL GABLES FL 33134**

Mailing Address

**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

21 **2151 Le Jeune Rd**

Suite, Apt. #, etc.

22 **305**

City & State

23 **Coral Gables, FL**

Zip

24 **33134**

Country

25 **US**

2a. Mailing Address

26 **2151 Le Jeune Rd**

Suite, Apt. #, etc.

27 **305**

City & State

28 **Coral Gables, FL**

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**

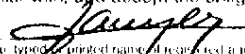
84 City **Coral Gables, FL**

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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

4/26/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **SD FLORA SAENZ**
STREET ADDRESS **17912 NW 68 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **PD ALVAREZ, VICTOR H.**
STREET ADDRESS **17948 NW 68 AVE**
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **TD 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 ☐ Change ☐ Addition

1.2 NAME **PD FALCON, yolanda**

1.3 STREET ADDRESS **17954 NW 68ave**

1.4 CITY-ST-ZIP **Miami, FL 33015**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME **VD/TO Bidot, Joice**

2.3 STREET ADDRESS **17900 NW 68ave**

2.4 CITY-ST-ZIP **Miami, FL 33015**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **SD 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

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

CR2E037 (9/96)