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Apr 27 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N08435 (2)
1. Corporation Name
CHARDONNAY TOWNHOUSES HOMEOWNERS' ASSOCIATION IN
C.



Principal Place of Business Mailing Address
C/O GUARANTEE MANAGEMENT SERVICES C/O GUARANTEE MANAGEMENT SERVICES
111 FOUNTAINEBLEAU BOULEVARD 111 FOUNTAINEBLEAU BOULEVARD
MIAMI FL 33172 MIAMI FL 33172

3. Date Incorporated or Qualified

03/29/1985

4. FEI Number

65-0254282

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL L. HYMAN
44 W. FLAGLER ST.,
14TH FLOOR, COURTHOUSE TOWER
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/T
NAME ABRAMS, JOSE M
STREET ADDRESS 7471 SW 109TH AVE
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE PD
NAME ALLBRITTON, RICHARD
STREET ADDRESS 10901 SW 75 STREET
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME DECARY, NORMAN
STREET ADDRESS 7503 SW 109TH AVE
CITY-ST-ZIP MIAMI FL

3.1 TITLE D
3.2 NAME Mirtha Fernandez
3.3 STREET ADDRESS 10924 SW 75 Terrace
3.4 CITY-ST-ZIP Miami, Florida 33173

TITLE DS
NAME POLLERO, MARA
STREET ADDRESS 10974 SW 75TH TERR
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DT
NAME RAFFANIello, EDUARD
STREET ADDRESS 7515 SW 109TH AVE
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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:

R. H. A. S.

2/4/98

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