


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90122 029 \*\*\*\*61.25

0033504

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N08918</b>					
1. Corporation Name <b>PREMIER CONDOMINIUM OF MIAMI SPRINGS, INC.</b>					
Principal Place of Business <b>230 CANAL ST MIAMI SPGS FL 33166 US</b>			Mailing Address <b>230 CANAL ST MIAMI SPGS FL 33166 US</b>		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>04/24/1985</b>	
4. FEI Number <b>59-2794676</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. <b>\$5.00 May Be Added to Fees</b>		8. <b>9. Name and Address of Current Registered Agent</b>	
81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		10. Name and Address of New Registered Agent			

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 POTONIEC, THADDEUS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 CANAL ST. #204	1.2 NAME	
STREET ADDRESS	MIAMI SPRINGS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	ST COAKLEY, NISACHON	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 CANAL ST. #203	2.2 NAME	
STREET ADDRESS	MIAMI SPRINGS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D THORPE, JEAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 CANAL ST., #102	3.2 NAME	
STREET ADDRESS	MIAMI SPRINGS FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	P MURRAY, LISA L	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 CANAL ST., APT. 202	4.2 NAME	
STREET ADDRESS	MIAMI SPGS FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SANCHEZ, MARY	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 CANAL ST APT 201	5.2 NAME	
STREET ADDRESS	MIAMI SPGS FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D TORRES, ALINA	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	230 CANAL ST APT 101	6.2 NAME	
STREET ADDRESS	MIAMI SPGS FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

*Signature of Jean Thorpe*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)