

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 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 # **N09210** (8)

1. Corporation Name

GREATER MIAMI NEIGHBORHOODS, INC.

Principal Place of Business

Mailing Address

**1460 BRICKELL AVE. SUITE 309
MIAMI FL 33131**

**1460 BRICKELL AVE. SUITE 309
MIAMI FL 33131**

3. Date Incorporated or Qualified

05/08/1985

4. FEI Number

59-2544297

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

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

**DERAMON, GONZALO
1460 BRICKELL AVE.
SUITE 309
MIAMI FL 33131**

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, AGUSTIN	
STREET ADDRESS	1460 BRICKELL AVENUE #309	
CITY-ST-ZIP	MIAMI FL	

TITLE	TV	<input type="checkbox"/> DELETE
NAME	DE RAMON, GONZALO	
STREET ADDRESS	1460 BRICKELL AVENUE #309	
CITY-ST-ZIP	MIAMI FL	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	CHASE, RONALD	
STREET ADDRESS	4523 SW 64 AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	CHASE, RONALD	
STREET ADDRESS	4523 SW 64 AVENUE	
CITY-ST-ZIP	MIAMI FL	

TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WOLFSON, LOUIS III	
STREET ADDRESS	9350 S DIXIE HWY #900	
CITY-ST-ZIP	MIAMI FL	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WOLFSON, LOUIS III	
STREET ADDRESS	9350 S DIXIE HWY #900	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Comptroller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mario A. Sario	
1.3 STREET ADDRESS	1460 Brickell Ave. #309	
1.4 CITY-ST-ZIP	Miami, FL 33131	

2.1 TITLE	Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Charles Clements, III	
2.3 STREET ADDRESS	3403 NW 82 AVENUE, SUITE 200	
2.4 CITY-ST-ZIP	MIAMI, FLA 33122	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Mario A. Sario
MARIO A. SARIO
Comptroller

1/5/98

(305) 374-5303

CR2E037 (10/97)