FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13406 (6)

1. Corporation Name

LAKEWOOD ESTATES PATIO HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~14530 SW 119TH AVE.~~ ~~MIAMI FL 33186~~	~~14530 SW 119TH AVE.~~ ~~MIAMI FL 33186~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/12/1986
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2662033 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 MIAMI MANAGEMENT, INC.	26 MIAMI MANAGEMENT, INC.
Suite, Apt. 22 14275 SW 142 AVE.	Suite, Apt. 27 14275 SW 142 AVE.
City & State 23 MIAMI, FL 33186	City & State 28 MIAMI, FL 33186
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TRIAY, CARLOS A., ESQ. 999 PONCE DE LEON BLVD. SUITE 110 CORAL GABLES FL 33134	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	RAMIREZ, HELEN	12 NAME		
STREET ADDRESS	9660 SW 152ND AVE, #12	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	14 CITY-ST-ZIP		
TITLE	S/T/D	21 TITLE		☐ Change ☐ Addition
NAME	PLATA, BEATRIZ	22 NAME		
STREET ADDRESS	9680 SW 152ND AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	D	☐ Change ☒ Addition
NAME	~~CANCIO-BELLO, GUILLERMO~~	32 NAME	Cathie Carr	
STREET ADDRESS	~~14530 SW 119 AVENUE~~	33 STREET ADDRESS	14275 SW 142 Ave	
CITY-ST-ZIP	~~MIAMI FL 33186~~	34 CITY-ST-ZIP	Miami Fl 33186	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0009147