# NONPROFIT CORPORATION ANNUAL REPORT 1995

Secretary of State
DIVISION OF CORPORATIONS

**FILED**
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DOCUMENT # N15461 (9)**

1. Corporation Name
DADELAND COVE SECTION ONE HOMEOWNERS' ASSOCIATIO N, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~12922 S.W. 88 LANE~~<br>~~MIAMI FL 33186~~ | ~~12922 S.W. 88 LANE~~<br>~~MIAMI FL 33186~~ |

3. Date Incorporated or Qualified: 06/17/1986
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-2802749 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 10105 S.W. 77 Court | 26 12079 S.W. 131 Avenue |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Miami, Florida | 28 City & State: Miami, Florida |
| 24 Zip: 33156 25 Country: Dade | 29 Zip: 33186 30 Country: Dade |

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 ☐ FILING FEE IS $61.25
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 |
|---|---|
| ~~BLANK, SANDRA~~<br>~~12922 SW 88 LANE~~<br>~~MIAMI FL 33186~~ | 81 Name: SKRLD, Inc.<br>82 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, Suite 1102<br>83<br>84 City: Coral Gables FL 65 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: SKRLD, Inc. by Lisa A. Lerner (Lisa A. Lerner) 6/12/95
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 | ~~VRD~~ | 1.1 TITLE | SD | ☐ Change ☒ Addition |
| NAME | ~~DODD, PHILLIP~~ | 1.2 NAME | Suzanne Bronzi | |
| STREET ADDRESS | ~~10080 S.W. 77 COURT~~ | 1.3 STREET ADDRESS | 10139 S.W. 77 Court | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 1.4 CITY-ST-ZIP | Miami, FL. 33156 | |
| TITLE | ~~SD~~ | 2.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | ~~CESARANO, TERESA~~ | 2.2 NAME | Mike Newman | |
| STREET ADDRESS | ~~10081 S.W. 77 COURT~~ | 2.3 STREET ADDRESS | 10246 S.W. 77 Court | |
| CITY-ST-ZIP | ~~MIAMI FL~~ | 2.4 CITY-ST-ZIP | Miami, FL. 33156 | |
| TITLE | PD | 3.1 TITLE | ASD | ☐ Change ☒ Addition |
| NAME | CHAVEZ, TERESITA | 3.2 NAME | Lynn Brown | |
| STREET ADDRESS | 7789 SW 102 LANE | 3.3 STREET ADDRESS | 10285 S.W. 77 Court | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | Miami, FL. 33156 | |
| TITLE | D | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MCCULLEY, PATRICIA | 4.2 NAME | | |
| STREET ADDRESS | 10222 S.W. 77 COURT | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | | |
| TITLE | TD | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | PROBST, CHARLOTTE | 5.2 NAME | | |
| STREET ADDRESS | 7873 S.W. 102 LANE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | | |
| TITLE | ASD | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BONWIT , ANNETTE | 6.2 NAME | | |
| STREET ADDRESS | 10019 S.W. 77 COURT | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI FL | 6.4 CITY-ST-ZIP | | |

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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: Teresita O. Chavez (Teresita O. Chavez) 6/21/95 305-547-7980
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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