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FILED

Feb 02 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 # **N15461** (9)

1. Corporation Name

**DADELAND COVE SECTION ONE HOMEOWNERS' ASSOCIATIO  
N, INC.**

Principal Place of Business

Mailing Address

10105 SW 77TH CT  
MIAMI FL 33156  
US

12079 SW 131ST AVE  
MIAMI FL 33186  
US



3. Date Incorporated or Qualified

06/17/1986

4. FEI Number

59-2802749

Applied For  
Not Applicable

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

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

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKRLD INC  
201 ALHAMBRA CIRCLE  
STE 1102  
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 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 SD  
NAME BRONZI, SUZANNE  
STREET ADDRESS 10139 SW 77TH CT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

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

TITLE D  
NAME NEWMAN, MIKE  
STREET ADDRESS 10246 SW 77TH CT  
CITY-ST-ZIP MIAMI FL ☒ DELETE

2.1 TITLE VD  
2.2 NAME Brown, Lynn  
2.3 STREET ADDRESS 10285 SW 102 Lane  
2.4 CITY-ST-ZIP Miami, FL ☐ Change ☒ Addition

TITLE PD  
NAME CHAVEZ, TERESITA  
STREET ADDRESS 7789 SW 102 LANE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME MCCULLEY, PATRICIA  
STREET ADDRESS 10222 S.W. 77 COURT  
CITY-ST-ZIP MIAMI FL ☒ DELETE

4.1 TITLE D  
4.2 NAME Miller, Jim  
4.3 STREET ADDRESS 10027 SW 77 Ct.  
4.4 CITY-ST-ZIP Miami, FL ☐ Change ☒ Addition

TITLE TD  
NAME PROBST, CHARLOTTE  
STREET ADDRESS 7873 S.W. 102 LANE  
CITY-ST-ZIP MIAMI FL ☐ DELETE

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

TITLE ASD  
NAME BONWITM, ANNETTE  
STREET ADDRESS 10019 S.W. 77 COURT  
CITY-ST-ZIP MIAMI FL ☐ DELETE

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

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:

*Teresa E. O'Connell* President 01/18/98 305-547-7980

CR2E037 (10/97)