

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15600 (2)

1. Corporation Name

PATIO GRANDE II TOWNHOMES CONDOMINIUM ASSOCIATION INC.

Principal Place of Business

POST OFFICE BOX 524062
MIAMI FL 33152

NEW MAILING ADDRESS
C/O THE TIMBERLAKE GROUP, INC.
5050 N.W. 74TH AVENUE
MIAMI, FLORIDA 33166

FILED

1995 JUL 26 AM 10:18

TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1986	3a. Date of Last Report 03/02/1994
4. FEI Number 59-2674951	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. 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	

2. Principal Place of Business

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

BARONE, NATHANIEL L JR
250 BIRD ROAD SUITE 312
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81. Name The Timberlake Group, Inc	85. Zip Code 33166
82. Street Address (P.O. Box Number is Not Acceptable) 5050 N.W. 74 Ave	
83. City Miami	
84. City FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of individual registered agent and title if applicable

Robert A. Decker, Sr.

(NOTE: Registered Agent signature required when changing)

DATE

7/3/95

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD QUINTANA, ANTONIO 610 NW 109 AVE. #7 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CABRERA, JORGE 610 NW 109 AVE., #6 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MARTIN, MARIA 580 N.W. 109TH AVE. #3 MIAMI FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD GALVEZ GERMAN R. 560 NW 109 AVE #5 MIAMI FL 33172.	☒ Change ☐ Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VPD PEGGY MARTINEZ 560 NW 109 AVE. #2 MIAMI FL 33172	☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD AMERICA Milian 610 NW 109 AVE. Miami - FL	☒ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TRUSUR MAURICIO PALMA 580 NW 109 AVE Miami - FL	☒ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		☐ Change ☐ Addition

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 110.07(3)(k), 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 of the recorder 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 in an attachment with an address).

SIGNATURE: V

German Galvez

SIGNATURE MUST BE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/ / 95 8880993