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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:05

DOCUMENT # **N15662** (2)

1. Corporation Name

ESPLANADE PATIO HOMES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12079 SW 131 AVENUE MIAMI FL 33186	12079 SW 131 AVENUE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1986
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-2803082 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

EISINGER, DENNIS, ESQ.
BUCHANAN & INGERSOLL
19495 BISCAYNE BLVD., SUITE 606
MIAMI FL 33180

10. Name and Address of New Registered Agent

81 Name: Guy Picardi
82 Street Address (P.O. Box Number is Not Acceptable): 18788 NW 79th Court
83
84 City: Miami FL 85 Zip Code: 33015

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: Guy Picardi 1-31-95
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	PDS	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WHITE, DONALD	1.2 NAME		
STREET ADDRESS	18837 NW 79TH CT.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	PICARDI, GUY	2.2 NAME		
STREET ADDRESS	18788 NW 79TH CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	V/D	☐ Change ☒ Addition
NAME	GARCIA, ANGER	3.2 NAME	Garcia, Angel	
STREET ADDRESS	18836 NW 78TH DR.	3.3 STREET ADDRESS	18836 NW 78th Drive	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, Fl 33015	
TITLE	DR	4.1 TITLE		☐ Change ☐ Addition
NAME	SANCHEZ, MIGUEL	4.2 NAME		
STREET ADDRESS	7984 NW 188 LN	4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MOORE, FRANCES	5.2 NAME	Tirso Gonzalez	
STREET ADDRESS	7955 NW 187TH TERR	5.3 STREET ADDRESS	7899 NW 192 Street	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl 33015	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	GOMEZ, JOSE	6.2 NAME		
STREET ADDRESS	19026 NW 78 CT.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 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: Guy Picardi 1-31-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000386