


FILE NOW: FILING FEE IS \$61.25

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Feb 10 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 # N15662 (2) 1. Corporation Name ESPLANADE PATIO HOMES ASSOCIATION, INC.					



Principal Place of Business 12079 SW 131 AVENUE MIAMI FL 33186	Mailing Address 12079 SW 131 AVENUE MIAMI FL 33186
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 06/30/1986	
4. FEI Number 59-2803082		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PICARDI, GUY 18788 NW 79TH COURT MIAMI FL 33015				10. Name and Address of New Registered Agent 81 Name Robert Paige, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 2151 LeJeune Road 83 Suite 309A 84 City Coral Gables FL 85 Zip Code 33134			
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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]* DATE **1-22-98**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	WHITE, DONOVAN	1.1 TITLE	S/D	1.2 NAME	Donovan White
STREET ADDRESS	18837 NW 79TH COURT	CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	18837 NW 79 Crt	1.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	TD	NAME	PICARDI, GUY	2.1 TITLE	P/D	2.2 NAME	Guy Picardi
STREET ADDRESS	18788 NW 79TH COURT	CITY-ST-ZIP	MIAMI FL	2.3 STREET ADDRESS	18788 NW 79 Crt	2.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	SD	NAME	TAYLOR, HAROLD	3.1 TITLE	T/D	3.2 NAME	Oliver Spicer
STREET ADDRESS	18854 NW 78 PLACE	CITY-ST-ZIP	MIAMI FL	3.3 STREET ADDRESS	18807 NW 79 Crt	3.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	D	NAME	BALLINA, JOEL	4.1 TITLE		4.2 NAME	
STREET ADDRESS	7960 BW 187 TERRACE	CITY-ST-ZIP	MIAMI FL	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	VD	NAME	GARCIA, ANGEL	5.1 TITLE		5.2 NAME	
STREET ADDRESS	18836 NW 78TH DRIVE	CITY-ST-ZIP	MIAMI FL	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
TITLE		NAME		6.1 TITLE		6.2 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* DATE: **1-16-98**

CR2E037 (10/97)