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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90019 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N15662

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/30/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2803082	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution	
Country		Country		30	
25		30			

9. Name and Address of Current Registered Agent

PAIGE, ROBERT E
2151 LEJEUNE RD
SUITE 309-A
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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	1.1 TITLE	TD
NAME	WHITE, DONOVAN	1.2 NAME	White, Donovan
STREET ADDRESS	18837 NW 79TH COURT	1.3 STREET ADDRESS	18837 NW 79 Ct.
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	PD	2.1 TITLE	SD
NAME	PICARDI, GUY	2.2 NAME	Gonzalez, Janette
STREET ADDRESS	18788 NW 79TH COURT	2.3 STREET ADDRESS	18641 NW 77 Ct.
CITY-ST-ZIP	MIAMI FL 33015	2.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	TD	3.1 TITLE	D
NAME	SPICER, OLIVER	3.2 NAME	Spicer, Oliver
STREET ADDRESS	18807 NW 79TH CT	3.3 STREET ADDRESS	18807 NW 79 Ct
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	Miami, FL 33015
TITLE	VD	4.1 TITLE	D
NAME	GARCIA, ANGEL	4.2 NAME	Miranda, Jose
STREET ADDRESS	18836 NW 78TH DRIVE	4.3 STREET ADDRESS	7854 NW 188 Ln
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33015
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Ballina, Joel
STREET ADDRESS		5.3 STREET ADDRESS	7960 NW 187 Ter.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33015
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE:

GUSY PICHARDI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 255-3000

CR2E037 (1/98)