


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N17117** (5)

1. Corporation Name

**MICHELLE JARDINS NO. 1 HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

Mailing Address

DOMINGO PANDO
16969 N.W. 67TH AVE. STE. 200
MIAMI FL 33015

DOMINGO PANDO
16969 N.W. 67TH AVE. STE. 200
MIAMI FL 33015-4214



3. Date Incorporated or Qualified
10/03/1986

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
15165 N.W. 77th Ave.

2a. Mailing Address
15165 N.W. 77th Ave.

4. FEI Number
65-0055824

Applied For
Not Applicable

Suite, Apt. #, etc.
Suite 1002

Suite, Apt. #, etc.
Suite 1002

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

City & State
Miami, Fl.

City & State
Miami, Fl.

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip
33014 Country
USA

Zip
33014 Country
USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS, INC.
5200 BLUE LAGOON DR.,
MIAMI FL 33126

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 **PD** ☐ DELETE
NAME **PANDO, DOMINGO**
STREET ADDRESS **16969 N.W. 67TH AVE. #200**
CITY-ST-ZIP **MIAMI FL 33015**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **PANDO, DOMINGO**
1.3 STREET ADDRESS **15165 N.W. 77th Ave. Suite 1002**
1.4 CITY-ST-ZIP **Miami, Fl. 33014**

TITLE **VSD** ☐ DELETE
NAME **MENENDEZ, JUAN**
STREET ADDRESS **15123 N.W. 87TH PL.**
CITY-ST-ZIP **MIAMI FL 33015**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **PANDO, EMILIO**
STREET ADDRESS **16969 N.W. 67TH AVE. #200**
CITY-ST-ZIP **MIAMI FL 33015**

3.1 TITLE **TD** ☒ Change ☐ Addition
3.2 NAME **PANDO, EMILIO**
3.3 STREET ADDRESS **15165 N.W. 77th Ave. Suite 1002**
3.4 CITY-ST-ZIP **Miami, Fl. 33014**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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, on an attachment with an address.

CR2E037 (9/96)