

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

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N17834 (5)

1. Corporation Name
FANTASY HEIGHTS PROPERTY-OWNERS' ASSOCIATION, IN C.

Principal Place of Business Mailing Address
**C/O GUSTAVO LOPEZ-MUNOZ
147 ALHAMBRA CIR., STES. 220-221
CORAL GABLES FL 33134-4524**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/19/1986** 3a. Date of Report **08/17/1996 1996**
4. FEI Number **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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ-MUNOZ, GUSTAVO
147 ALHAMBRA CIR., STES. 220-221
360 CENTRAL AVENUE
CORAL GABLES FL 33134**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-MUNOZ, GUSTAVO	1.2 NAME	
STREET ADDRESS	147 ALHAMBRA CIRCLE#220	1.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-MUNOZ, MARIA ROSA	2.2 NAME	
STREET ADDRESS	147 ALHAMBRA CIRCLE#220	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	2.4 CITY - ST - ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MARIA E.	3.2 NAME	
STREET ADDRESS	147 ALHAMBRA CIRCLE#220	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL GABLES FL	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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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)(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 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]* President **May 1st 1996** 305-418-7078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #