


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90085 036 ****61.25

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

DOCUMENT # N17834

1. Corporation Name

FANTASY HEIGHTS PROPERTY-OWNERS' ASSOCIATION, INC.

Principal Place of Business
 C/O GUSTAVO LOPEZ-MUNOZ
 147 ALHAMBRA CIRCLE, #218
 CORAL GABLES FL 33134

Mailing Address
 C/O GUSTAVO LOPEZ-MUNOZ
 147 ALHAMBRA CIRCLE, #218
 CORAL GABLES FL 33134



2. Principal Place of Business 21 155 Ocean Lane Drive Suite, Apt. #, etc. 22 1001-W City & State 23 Key Biscayne, Florida Zip 24 33149	2a. Mailing Address 26 155 Ocean Lane Drive Suite, Apt. #, etc. 27 1001-W City & State 28 Key Biscayne, Florida Zip 29 33149	3. Date Incorporated or Qualified 11/19/1986 4. FEI Number 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
--	---	---

9. Name and Address of Current Registered Agent

LOPEZ-MUNOZ, GUSTAVO
C/O GUSTAVO LOPEZ-MUNOZ
147 ALHAMBRA CIRCLE, #218
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name GUSTAVO LOPEZ-MUNOZ	82 Street Address (P.O. Box Number is Not Acceptable) 155 Ocean Lane Drive	83 Apartment 1001-W	84 City Key Biscayne, FL	85 Zip Code 33149
--------------------------------	---	---------------------	-----------------------------	----------------------

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.

GUSTAVO LOPEZ MUNOZ

Signature, typed or printed name of registered agent and title if applicable.

(If not a registered agent, signature required when reinstating)

3/26/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-MUNOZ, GUSTAVO	1.2 NAME	
STREET ADDRESS	147 ALHAMBRA CIRCLE#218	1.3 STREET ADDRESS	155 Ocean Lane Drive #1001-W
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	Key Biscayne, Fla. 33149
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-MUNOZ, MARIA ROSA	2.2 NAME	
STREET ADDRESS	147 ALHAMBRA CIRCLE#218	2.3 STREET ADDRESS	155 Ocean Lane Drive #1001-W
CITY-ST-ZIP	CORAL GABLES FL 33134	2.4 CITY-ST-ZIP	Key Biscayne, Florida 33149
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, SANTIAGO J	3.2 NAME	
STREET ADDRESS	3775 KUMQUAT AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	

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: GUSTAVO LOPEZ-MUNOZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99 305-361-3977

Date

Daytime Phone #

CR2E037 (11/98)