

FILED

Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90150 020 ****70.00

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

DOCUMENT # N19528 JK

1. Corporation Name
MIRAMAR GARDENS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 422 SANSOVINO AVE

Suite, Apt. #, etc.

22

City & State

23 CORAL GABLES, FLORIDA

Zip

24 33146

Country

25 USA

2a. Mailing Address

26 P.O. BOX 442051

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FLORIDA

Zip

29 33144

Country

30 USA

3. Date Incorporated or Qualified

03/04/1987

4. FEI Number

59-2931960

Applied For

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

9. Name and Address of Current Registered Agent

MORTON=R. GOUDISS, ESQUIRE
1111 LINCOLN ROAD,
SUITE 325
MIAMI BEACH, FL 33139

10. Name and Address of New Registered Agent

81 Name
RAFAEL GANEM82 Street Address (P.O. Box Number is Not Acceptable)
422 SANSOVINO AVE

83

84 City
CORAL GABLES

FL

85 Zip Code
33146

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

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	MOEE J. L. TENDRICH	
STREET ADDRESS	1111 LINCOLN ROAD, #325	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	BOE	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTAA. DUGGER, SR	
STREET ADDRESS	5050 NW 74 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33166	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLIVIA S. BENSON	
STREET ADDRESS	20130 NW 58 AVENUE	
CITY-ST-ZIP	MIAMI, FL 33015	<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HILDA GOMEZ	
1.3 STREET ADDRESS	422 SANSOVINO	
1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
2.1 TITLE	VICE PRESIDENT/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARLEN GANEM	
2.3 STREET ADDRESS	422 SANSOVINO	
2.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	
3.1 TITLE	SECRETARY / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAFAEL GANEM	
3.3 STREET ADDRESS	422 SANSOVINO, FL 33146	
3.4 CITY-ST-ZIP	CORAL GABLES, FL 33146	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL GANEM
SECRETARY

02/02/99

Date

305-412-1200

Daytime Phone #

CR2E037 (1/98)