

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90022 018 ****70.00

DOCUMENT # N19585

1. Corporation Name

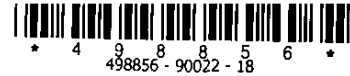
**PARKDALE HEIGHTS & LYNDALE HOMEOWNERS ASSOCIATIO
N, INC.**

Principal Place of Business

3110 SW 19 TER
MIAMI FL 33145
US

Mailing Address

31 10 SW 19 TER
MIAMI FL 33145
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/09/1987

4. FEI Number

NOT APPLICABLE

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

MORA, CARIDAD L.
3110 S.W. 19 TERRACE
MIAMI FL 33145

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

TITLE PD
NAME MORA, CARIDAD L.
STREET ADDRESS 3110 S.W. 19 TER.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE VD
NAME RODRIGUEZ, RAUL
STREET ADDRESS 3185 S.W. 19 STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE TD
NAME GARCIA, JULIO, JR.
STREET ADDRESS 3125 S.W. 19 STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE SD
NAME CABAL, YOLANDA
STREET ADDRESS 311 SW 19 TERR
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME BROWNING, ALFRED
STREET ADDRESS 3098 S.W. 19 STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME NIMER, WILLIAM
STREET ADDRESS 3101 SW 19 TERR
CITY-ST-ZIP MIAMI FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, 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

Date

Daytime Phone #

CR2E037 (11/98)