FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

FILED
Apr 24 1997 8:00 am
Secretary of State

DOCUMENT # N20709 (4)			Secreta	Secretary of State	
MICHELLE JARDINS No.2 HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 15165 N.W. 77th Ave. Suite 1002 MIAMI, FL. 33014	Mailing Address 15165 N.W. 7 Suite 1002				
MIAMI/ FE. 55014	MIAMI, FL. 3	3014	3. Date Incorporated or Qualified 05/19/87	3a. Date of Last Report 1996	
Principal Place of Business 1	2a, Mailing Address 26		65-0218984	Applied For Not Applicable	
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 30	Country	8. This corporation has liability for		
9. Name and Address of Curren	····	1	10. Name and Address of New Re		
81 Name					
MIAMI CORPORATE SYSTEMS 5200 BLUE LAGOON DRIVE		82 Street A	dress (P.O. Box Number is Not Acceptable)		
Suite 700 MIAMI, FL. 33126		63			
		64 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 profiled name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND	······································	13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
D/P DELETE DELETE		1.1 TITLE		☐ Change ☐ Addition	
NAME 15165 N.W. 77th Ave.Suite 1002		1.2 NAME 1.3 STREET ADDRESS			
CitriSti-Zip MIAMI, FL. 33014	<u> </u>				
TITLE D/T	☐ DELETE	2 1 TITLE		Change Addition	
NAME PANDO, EMILIO SIREFIADDRESS 15165 N.W. 77th Ave.Suite 1002		2.2 NAME			
Oly State MIAMI, FL. 33014		E O DINECT ADDIEGO			
THE D/V/S	DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		☐ Change ☐ Addition	
MENENDEZ, JUAN		32 NAME			
STREEL ADDRESS 15123 N.W. 87th PL.		3 3 STREET ADDRESS			
City-St-ZiP MIAMI, FL.33016	DELETE	3 4. City - St - Zip 4 1 Title		Change Addition	
NAME	had been	4 2 NAME		Change Mounton	
STREET AODRESS		4.3 STREET ADDRESS		,	
CITY-ST-ZIP		4.4 CITY - ST-ZIP	<u></u>		
THUE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		5.3 STREET ADDRESS			
CITY ST- ZIP		5.4 CITY - ST - ZIP			
TATLE	☐ DELETE	6.1 TITLE		Change Addition	
NAME:		6.2 NAME	80000215 -04/29/97010	58288	
STREET ADDRESS		6.3 STREET AODRESS	***70.00	24UDU	
14. I do hereby certify that the information supplied	with this filing does not qualify for	6.4 CITY-ST-ZIP or the exemption sta		s. 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 true 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 in a attachment with an address.					
SIGNATURE: NILL DOMINGO PANDO 4.22,97 (305) 362.2900					
	PRINTED NAME OF SIGNING OFFICER OR		Date	Daytime Phone	