

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25643 (O)

1. Corporation Name
**JERAL PARK COUNTRY CLUB VILLAS CONDOMINIUM
No. 7 ASSOCIATION, INC.**

Principal Place of Business Mailing Address
12079 SW 131 Avenue Miami, Florida 33186 **12079 SW 131 Ave. Miami, FL 33186**

3. Date Incorporated or Qualified **03/29/1988** 3a. Date of Last Report **03/27/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0052667	Applied For <input type="checkbox"/> Not Applicable
22. Suite Apt # etc	26. Suite Apt # etc	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country	29. Country		
30. Country			

9. Name and Address of Current Registered Agent
**EISINGER, DENNIS, ESQ.
BUCHANAN & INGERSOLL
19495 BISCAYNE BLVD. STE 606
N. MIAMI BCH, FL 33180**

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 _____ DATE _____
Signature (typed or printed name of registered agent and title if applicable) (Typed Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD SYGNECKI, CHRISTINA
1.3 STREET ADDRESS	4750 NW 102 Avenue #201
1.4 CITY - ST - ZIP	MIAMI, FLORIDA 33178
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP/D SMITH, ALLEN
2.3 STREET ADDRESS	4750 NW 102 Avenue #101
2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33178
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S/T/D IGLESIAS, MARIA
3.3 STREET ADDRESS	64640 NW 102 Avenue #101
3.4 CITY - ST - ZIP	MIAMI, FLORIDA 33178
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	508001730276
5.3 STREET ADDRESS	-03/04/96--01030--003
5.4 CITY - ST - ZIP	***61.25
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 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: Christina Sygnecki **CHRISTINA SYGNECKI** Date: **2-20-96** Daytime Phone #: **591-1763**

CR2E037 (12/95)

Handwritten signature and initials