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NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29022** **(3)**

1. Corporation Name

ANGELICA GARDENS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BLVD MIAMI FL 33172 US	GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BLVD MIAMI FL 33172-4507 US

2. Principal Place of Business 21 8497 NW 191STREET	2a. Mailing Address 26 PO BOX 520045
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip / Country 24 33015 / 25 USA	Zip / Country 29 33152-0045 / 30 USA

3. Date Incorporated or Qualified: 10/26/1988
3a. Date of Last Report: 03/06/1996
4. FEI Number: 65-0133276 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

KILLIAN, SHARMAN
111 FONTAINEBLEAU BLVD
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: RONALD J. LENRKE
82 Street Address (P.O. Box Number is Not Acceptable): 8497 NW 191 STREET
83
84 City: MIAMI FL 85 Zip Code: 33015

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: Ronald J. Lenrke — RONALD J. LENRKE — 2/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEALY, JOHN III		1.2 NAME		
STREET ADDRESS	8497 NW 191 ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HERNANDEZ, DIANA		2.2 NAME		
STREET ADDRESS	8463 NW 189 ST RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PUGLIESE, MYRIAM		3.2 NAME		
STREET ADDRESS	8263 NW 188 TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BLACKMORE, MICHAEL		4.2 NAME	ELLEN BARNETTE	
STREET ADDRESS	8329 NW 189 ST		4.3 STREET ADDRESS	8625 NW 190 TERRACE	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI FL 33015	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] JOHN K. HEALY III — 2/14/97 — (305) 500-5275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0032480