

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N37395** (3)

1. Corporation Name

VISION COMMUNITY DEVELOPERS, INC.



Principal Place of Business	Mailing Address
18425 N.W. 2ND AVENUE, SUITE 335 MIAMI FL 33169	18425 N.W. 2ND AVENUE, SUITE 335 MIAMI FL 33169

2. Principal Place of Business	2a. Mailing Address
21 350 N. Seaboard Road	26 350 N. Seaboard Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Miami, Fla.	28 Miami, Fla.
Zip	Zip
24 33169	29 33169
Country	Country
25 Dade	30 Dade

9. Name and Address of Current Registered Agent

**DEMMINGS, FELIX
18425 N.W. 2ND AVENUE, #335
MIAMI FL 33056-3316**

3. Date Incorporated or Qualified

04/02/1990

4. FEI Number

65-0183970

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**

7. Is this nonprofit corporation a homeowners association?



Yes No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes No

10. Name and Address of New Registered Agent

81 Name	Daniel Lavan
82 Street Address (P.O. Box Number is Not Acceptable)	350 N. Seaboard Road
83	
84 City	Miami
85 FL	33169
86 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

Daniel Lavan

Daniel Lavan

3/23-98

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	<input type="checkbox"/> DELETE
NAME	DEMMINGS, FELIX	
STREET ADDRESS	1330 N.W. 174 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GIBSON, SHIRLEY	
STREET ADDRESS	18425 N.W. 2 AVENUE, #335	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CHEEVER, LLOYD	
STREET ADDRESS	1330 N.W. 174 STREET	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	PARKS, MARK	
STREET ADDRESS	18425 N.W. 2 AVENUE, #335	
CITY-ST-ZIP	MIAMI FL 33169	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Daniel Lavan	
1.3 STREET ADDRESS	1320 N.W. 174 St.	
1.4 CITY-ST-ZIP	Miami Fla. 33169	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Felix Demmings	
2.3 STREET ADDRESS	1330 N.W. 174 St.	
2.4 CITY-ST-ZIP	Miami Fla. 33169	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Daniel Lavan	
3.3 STREET ADDRESS	1320 N.W. 174 St.	
3.4 CITY-ST-ZIP	Miami Fla. 33169	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lloyd Cheever	
4.3 STREET ADDRESS	1330 N.W. 174 St.	
4.4 CITY-ST-ZIP	Miami Fla. 33169	
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.

SIGNATURE:

Daniel Lavan

3-23-98 (305) 690-9833

Date

Daytime Phone #

0032571

CR2E037 (10/97)