FILE NOW: FILING FEE IS \$61.25

→ NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

N46556

(9)

PLAZA VILLAS TOWNHOUSES ASSOCIATION, INC.

									//
Principal Place of Business Mailing Address									
720 S.W. 2N SUITE 12 MIAMI FL 33		720 S.W. 2ND ST SUITE 12 MIAMI FL 33130	SUITE 12						
	24.0					3. Date Incorporated or Qualified 12/20/1991		e of Las)5/01/	t Report 1995
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	<u> </u>		Applied For
Suite, Apt. #, etc.			Suite, Apt. #, etc.			NOT APPLICABLE Not Applicable			
22		27	27			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
Zip Country			Zip Country			Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	29 30			Florida Statutes Yes No			i. 199.032,
	9. Name and Address of Cu	rent Registered Agent				10. Name and Address of New Reg	stered A	gent	
DO 140	0504000		8	1	Name				
	GERARDO 2ND ST #7		82 Street Addr		Street Addres	ss (P.O. Box Number is Not Acceptable)	· · · · · · · · · · · · · · · · · · ·		
MIAMI F			83						
			8	4	City			85 Zi	ip Code
11. Pursuant t	o the provisions of Sections 617,0	502 and 617,1508. Florida Statute	es the above		amed cornorat	ion submits this statement for the purpo	FL	olog ito	robiological affice
	ed agent, or both, in the State of F th, and accept the obligations of, S			rpoi	ration's board	of directors. I hereby accept the appoin	tment as re	gisterec	d agent. I am
SIGNATURE _									
12.	Signature, typed or printed name of registered a	gent and title if applicable (NO AND DIRECTORS	TE: Registered Ag	ent :	signature required w		DATE		
TITLE	PD	DELETE	1.1 TITLE		—Т	ADDITIONS/CHANGES TO OFFICE		OFFECTO Change	ORS IN 12
NAME	ROJAS, GERARDO		1.2 NAME					Change	Notation
STREET ADDRESS	728 SW 2ND ST #7		1.3 STRE		DDRESS				
CITY - ST - ZIP	MIAMI FL 33130		1.4 CITY-	SI-	- ZIP				
TITLE -	TD DELETE		2.1 TITLE	2.1 TITLE				Change	☐ Addition
NAME	ORTEGA, BERTA		2.2 NAME						
STREET ADDRESS	728 SW 2ND ST. #6		2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33130	———————————————————————————————————————	2 4 CITY	_	- ZIP				
TITLE	SD MEDINA DALII	DELETE	31 TITLE					Change	Addition
NAME STREET ADDRESS	MEDINA, RAUL 720 SW 2ND ST #2		3.2 NAME						
CITY-ST-ZIP	MIAMI FL 33130		3.3 STREE						
TITLE	INFAM LE CO TOO	DELETE	3.4. CITY - 4.1 TITLE	- 51-	·ZIP			Change	T A APPE
NAME			4. 2 NAME				U	Unange	Addition
STREET ADDRESS			4.2 MAIVIL		ODBESS				
CITY-ST-ZIP			4.4 CITY-						
TITLE		DELETE	5.1 TITLE	<u> </u>				Change	Addition
NAME			5.2 NAME					o iongo	7130 33011
STREET ADDRESS			5.3 STREE	I AD	ODRESS				
CITY-ST-ZIP			5 4 CITY-	S1-7	ZIP				İ
TITLE		DELETE	61 TITLE					Change	Addition
NAME			6.2 NAME					-	
STREET ADDRESS			6.3 STREE	T AD	IDRESS				
CITY-ST-ZIP			6.4 CITY-	ST - Z	ZIP				ł
14. I do hereby	certify that the information supplie	d with this filing is voluntarily furnis	shed and doe	es r	not qualify for the	he exemption stated in Section 119.07(3)(k). Florida	a Statute	es 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 chapter 6, or on an attachment with an address.

SIGNATURE:

3-16-96 Date Daytine Proce #