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**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90005 034 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b> # 1999		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N48822 (3)**

1. Corporation Name

**LABOR OF LOVE VILLAS HOMEOWNER'S ASSOCIATION, IN C.**

Principal Place of Business Mailing Address

6100 NW 20 AVE  
MIAMI FL 33142  
US

6100 NW 20 AVE  
MIAMI FL 33142  
US

3. Date Incorporated or Qualified

**05/12/1992**

4. FEI Number

**65-0376579**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLLINS, MARY**  
**6100 NW 20TH AVE**  
**MIAMI FL 33142**

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

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 ☐ DELETE

NAME **P**  
**MARY COLLINS**  
STREET ADDRESS **6100 NW 20 AVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE

NAME **T**  
**CAROLYN RICHADSON**  
STREET ADDRESS **6150 NW 21 AVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE

NAME **D**  
**TYLER, MARGARET**  
STREET ADDRESS **6031 NW 21TH AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **D**  
**NELSON, LENAMY**  
STREET ADDRESS **6110 NW 20 AVE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Roberts, Redonna**  
**6010 N.W. 21 Avenue**  
**Miami, Florida 33142**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*Mary Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0029731

CR2E037 (10/97)