

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
May 01 1997 8:00am
Secretary of StateDOCUMENT # **N93000000988 (6)**

1. Corporation Name

**SOUTH DADE ASSOCIATION OF RENTAL PROPERTY OWNERS
, INCORPORATED**

Principal Place of Business

Mailing Address

10700 CARIBBEAN BLVD.
202B
MIAMI FL 3317810700 CARIBBEAN BLVD.
202B
MIAMI FL 33189-12323. Date Incorporated or Qualified
02/26/19933a. Date of Last Report
07/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. BOX 1281**4. FEI Number
65-0463472

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

23 Zip

Country

28 **MIAMI, FL**

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00** May Be
Added to Fees

24

25

29

30 **33257****U.S.A.**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHICHOL WILLIAMS JR.
402 SW 6TH ST
HOMESTEAD FL 33030**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WILLIAMS, PHICHOL**
STREET ADDRESS **402 SW SIXTH ST**
CITY-ST-ZIP **HOMESTEAD FL**1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **ROYAL, FRED**
STREET ADDRESS **17445 HOMESTEAD AVE**
CITY-ST-ZIP **PERRINE FL**2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE **V** ☐ DELETE
NAME **GOODWYN, DAVID J**
STREET ADDRESS **117-A NW LUCY ST**
CITY-ST-ZIP **FLORIDA CITY FL 33034**3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE **D** ☐ DELETE
NAME **HAMED, ANDRELLA**
STREET ADDRESS **9725 NW FOURTEENTH AVE**
CITY-ST-ZIP **MIAMI FL**4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE **T** ☐ DELETE
NAME **CLAYTON, LOVEY**
STREET ADDRESS **1615 NW FIRST AVE**
CITY-ST-ZIP **FLORIDA CITY FL 33034**5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

(305) 252-6652

CR2E037 (9/96)