

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 04 1997 8:00am
Secretary of State

DOCUMENT # N93000001296 (3)

1. Corporation Name

HAYNSWORTH VILLAGE PROPERTY OWNERS ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

5930 N BAYSHORE DR
MIAMI FL 33137

5930 N BAYSHORE DR
MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1993

3a. Date of Last Report
10/07/1996

2. Principal Place of Business

2a. Mailing Address

21 7751 NE BAYSHORE CT

26 7751 NE BAYSHORE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SD

27 SD

City & State

City & State

23 MIAMI FL

28 MIAMI FL

Zip

Country

24 33138

25 USA

29 33138

30 USA

4. FEI Number

65-0421703

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HELLMAN, MAYNARD J
5930 N BAYSHORE DR
MIAMI FL 33137

81 Name MONIQUE TAYLOR JUDY CLARK
82 Street Address (P.O. Box Number is Not Acceptable) 7751 NE BAYSHORE CT #5D
83 5930 N BAYSHORE DR. 33137
84 City MIAMI FL 85 Zip Code 33138

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 a year with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE JUDY CLARK 8/28/97
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 D ☐ DELETE

NAME TAYLOR, MONIQUE
STREET ADDRESS 7751 NE BAYSHORE CT APT 5D
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ DELETE

NAME STRAITER, JOHN
STREET ADDRESS 7751 NE BAYSHORE CT APT 4A
CITY-ST-ZIP MIAMI FL 33138

TITLE D ☐ DELETE

NAME CLARK, JUDY
STREET ADDRESS 5930 N BAYSHORE DR. DR.
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☐ DELETE

NAME KOPLO, MORT
STREET ADDRESS 3700 NE 167TH ST
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 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 REQUIRED JUDY CLARK 8/28/97

CR2E037 (4/97)