

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000002137 (8)**

1. Corporation Name

REGENCY MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **9195 SW 72ND ST MIAMI FL 33173**
Mailing Address: **P.O. BOX 330044 COCONUT GROVE FL 33233**

3. Date Incorporated or Qualified: **05/07/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0232836** Applied For:
65-0442850 Not Applicable:

Suite, Apt. #, etc.: **22**

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

City & State: **23**

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

Zip: **24** Country: **25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SACHER, CHARLES P
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES FL 33134**

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 restoring)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLANEZA, PEDRO	1.2 NAME	Barbara Muina
STREET ADDRESS	9195 S.W. 72ND ST. #120	1.3 STREET ADDRESS	9195 S.W. 72nd St. #210
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	Miami, FL. 33173 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	LOMAN, JEFFREY	2.2 NAME	
STREET ADDRESS	9195 S.W. 72ND ST. #210	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	CARVAJAL, PEDRO	3.2 NAME	
STREET ADDRESS	9195 S.W. 72ND ST. #100	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	800001877128 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	-06/26/96--01130--027
STREET ADDRESS		5.3 STREET ADDRESS	***\$61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 and that I am authorized to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12.

SIGNATURE:

Barbara Muina

Barbara Muina

4/29/96

(305) 441-0892

Date

Daytime Phone #

CR2E037 (12/95)