FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90099 010 ****70.00

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DOCUMENT # N93000003340

1. Corporation Name
GRACE VILLAS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
%THE TIMBERLANE GROUP, INC. 5050 N.W. 74TH AVENUE MIAMI FL 33166	%THE TIMBERLANE GROUP, INC. 5050 N.W. 74TH AVENUE MIAMI FL 33166

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 07/23/1993 4. FEI Number 65-0568537 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☒ $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DUGGER, ROBERT A SR.
%THE TIMBERLANE GROUP, INC.
5050 N.W. 74TH AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

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 ROBERT A. DUGGER 2-22-99
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JACOB, JOSE		1.2 NAME		
STREET ADDRESS	8168 NW 10 ST STE 6		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BATISTA, NANCY		2.2 NAME		
STREET ADDRESS	8168 NW 10TH ST STE 5		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	3.1 TITLE	TD	☐ Change ☒ Addition
NAME	~~DOMINGUEZ, MARIO~~		3.2 NAME	VERONICA FALCON,	
STREET ADDRESS	~~8166 NW 10TH ST STE 5~~		3.3 STREET ADDRESS	8166 N.W. 10 ST., #4,	
CITY-ST-ZIP	~~MIAMI FL 33126~~		3.4 CITY-ST-ZIP	MIAMI, FL. 33126	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED (305) 593-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #