
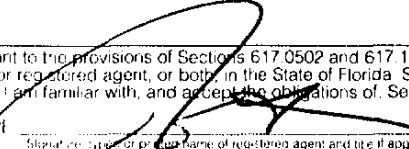


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N93000003915 1. Corporation Name TWENTY OAKS PROPERTY OWNER'S ASSOCIATION, INC.					
Principal Place of Business 1225 S.W. 87th Avenue Miami, Florida 33174			Mailing Address 1225 S.W. 87th Avenue Miami, Florida 33174		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 8/25/93 3a. Date of Last Report 5/1/96 4. FEI Number 65-0345689 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent James A. Taylor III 2770 Indian River Blvd. Suite 501 Vero Beach, Florida 32960			10. Name and Address of New Registered Agent 81 Name ROBERT WAYNE 82 Street Address (P.O. Box Number is Not Acceptable) 1225 S.W. 87th Avenue 83 84 City Miami FL 85 Zip Code 33174		
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 WAYNE 3/6/97 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE D <input checked="" type="checkbox"/> DELETE NAME Calvin H. Babcock STREET ADDRESS 300 Greco Avenue CITY-ST-ZIP Coral Gables, Florida 33146 TITLE D <input checked="" type="checkbox"/> DELETE NAME Becky Babcock STREET ADDRESS 300 Greco Avenue CITY-ST-ZIP Coral Gables, Florida 33146 TITLE D <input checked="" type="checkbox"/> DELETE NAME Karen Bruskin STREET ADDRESS 300 Greco Avenue CITY-ST-ZIP Coral Gables, Florida 33146 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Hector Garcia 1.3 STREET ADDRESS 9901 S.W. 145th Terrace 1.4 CITY-ST-ZIP Miami, Florida 33176 2.1 TITLE Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Gerardo L. Aguirre 2.3 STREET ADDRESS 9900 S.W. 145th Street 2.4 CITY-ST-ZIP Miami, Florida 33176 3.1 TITLE Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Francisco J. Perez 3.3 STREET ADDRESS 11045 S.W. 154th Court 3.4 CITY-ST-ZIP Miami, Florida 33196 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 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: GERARDO L. AGUIRRE 3/8/97 (305) 264-5397 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (9/96)