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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000347 (4)**

1. Corporation Name

TURKS & CAICOS ASSOCIATION INC.



Principal Place of Business 16410 NW 37TH COURT OFFICE SUITE A MIAMI FL 33054	Mailing Address 16410 NW 37TH COURT OFFICE SUITE A MIAMI FL 33054
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3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

65-0463589

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business

2a. Mailing Address

21 4197 BRAGANZA STREET

26 4197 BRAGANZA STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33133

25 USA

29 33133

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

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

**SMITH, EDWARD E
16410 NW 37TH COURT
MIAMI FL 33054**

81 Name

Clementina L. Fenimore

82 Street Address (P.O. Box Number is Not Acceptable)

4197 Braganza Street

83

84

City **Miami**

FL

85

Zip Code **33133**

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

Clementina L. Fenimore

Clementina L. Fenimore

March 19th 1998

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	VP	<input type="checkbox"/> DELETE
NAME	FULFORD, ANTONIO	
STREET ADDRESS	15901 SW 102 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, EDWARD E	
STREET ADDRESS	16410 NW 37TH CT.	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ARIZA, LAURIE	
STREET ADDRESS	15901 SW 102ND AVE.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SIMONS, DORENE	
STREET ADDRESS	15901 SW 102 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, NOEL JR.	
STREET ADDRESS	980 W. 77TH ST.	
CITY-ST-ZIP	HALEAH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FULFORD, JOAN	
STREET ADDRESS	2221 NW 194 TERR	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	VP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FULFORD, ANTONIO	
1.3 STREET ADDRESS	11854 S.W. 210 STREET	
1.4 CITY-ST-ZIP	MIAMI, FL 33177	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FENIMORE, CLEMENTINA L.	
2.3 STREET ADDRESS	4197 BRAGANZA STREET	
2.4 CITY-ST-ZIP	MIAMI, FL 33133	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARIZA, LAURIE	
3.3 STREET ADDRESS	15901 SW 102ND AVE.	
3.4 CITY-ST-ZIP	MIAMI, FL 33157	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CONOLLY, DOLORES	
4.3 STREET ADDRESS	19610 CYPRESS COURT	
4.4 CITY-ST-ZIP	MIAMI, FL 33015	
5.1 TITLE	ATD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ACCIUS, AVERYL	
5.3 STREET ADDRESS	220 NE 175TH STREET	
5.4 CITY-ST-ZIP	MIAMI, FL 33162	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Clementina L. Fenimore

March 19th 1998 (305) 665-2444

CR2E037 (10/97)