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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # *N 94 00000573*

1. Corporation Name
VILLAS OF WEST MIAMI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified *3/30/1994* 3a. Date of Last Report *1996*

2. Principal Place of Business 2a. Mailing Address

21 *40 EUNICE MORALES* 26 *90 Association Mgmt Gr. Inc*

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 *6 - SW 12 STREET #6* 27 *8306 Mills Dr. - N 668*

City & State City & State

23 *MIAMI, FLA* 28 *MIAMI, FLA*

Zip Country Zip Country

24 *33144* 25 *USA* 29 *33183* 30 *USA*

4. FEI Number *65-0480244* 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name *CARINA KREHEN*

82 Street Address (P.O. Box Number is Not Acceptable) *ASSOCIATION MANAGEMENT GROUP INC*

83 *500 W. CYPRUSS CREEK RD. - #230*

84 City *FT. LAUDERDALE* FL 85 Zip Code *33309*

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]* DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE *D-P* DELETE

NAME *EUNICE MORALES*

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE *D-P* Change Addition

1.2 NAME *EUNICE MORALES*

1.3 STREET ADDRESS *6620 SW 12 Street #6*

1.4 CITY-ST-ZIP *MIAMI FLA 33144*

2.1 TITLE *D-S* Change Addition

2.2 NAME *Celsa FORVARIS*

2.3 STREET ADDRESS *6620 S.W. 12th Street #1*

2.4 CITY-ST-ZIP *MIAMI, FLA 33144*

3.1 TITLE *D-T* Change Addition

3.2 NAME *MINERVA HECHAVARRIA*

3.3 STREET ADDRESS *6670 S.W. 12 Street #2*

3.4 CITY-ST-ZIP *MIAMI, FLA 33144*

4.1 TITLE *D-E* Change Addition

4.2 NAME *LOABEL CHAMBROT*

4.3 STREET ADDRESS *6690 SW 12 Street #5*

4.4 CITY-ST-ZIP *MIAMI FLA 33144*

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

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******70.00 *****70.00*

10/23/97

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]* EUNICE MORALES, PRESIDENT 9/23/97 (305) 883-0403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)