

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000001573 (4)
1. Corporation Name
VILLAS OF WEST MIAMI CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business % EUNICE MORALES 6620 SW 12TH STREET, #6 MIAMI FL 33144	Mailing Address % ASSOCIATION MGMT GR. INC. 8306 MILLS DR. #668 MIAMI FL 33183
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3. Date Incorporated or Qualified 03/30/1994	
4. FEI Number 65-0480244	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**KREHEN, CARINA
%ASSOCIATION MANAGEMENT GROUP, INC.
500 W. CYPRESS CREEK RD., #230
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name		
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	85 FL	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: *Carina Krehen* **CARINA KREHEN, MANAGER** DATE: **2-14-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORALES, EUNICE	
STREET ADDRESS	6620 S.W. 12TH STREET, #6	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FORNARIS, CELSA	
STREET ADDRESS	6620 S.W. 12TH STREET, #1	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HECHAVARRIA, MINERVA	
STREET ADDRESS	6670 S.W. 12TH STREET, #2	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHAMBROT, ISABEL	
STREET ADDRESS	6690 SW 12TH STREET, #5	
CITY-ST-ZIP	MIAMI FL 33144	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Eunice Morales* **EUNICE MORALES President/Dir of** DATE: **2-14-98**

CR2E037 (10/97)