FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
99 JAN 22 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000003101

1. Corporation Name
REDLAND GLADES COMMUNITY ASSOCiation, INC.
W99-425

Principal Place of Business: 21751 SW 164 ST MIAMI, Fl 33187
Mailing Address: P.O. BOX 165809 MIAMI, Fl 33116

3. Date Incorporated or Qualified: JUNE 23, 1994
4. FEI Number: 65-0520619 ☐ Applied For ☐ Not Applicable

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 ___

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
RAFAEL HERRERA
21521 SW 152STREET
MIAMI, Fl 33187

10. Name and Address of New Registered Agent
81 Name: BERTA VAldES
82 Street Address (P.O. Box Number is Not Acceptable): 21751 SW 164 ST
83 ___
84 City: MIAMI FL 85 Zip Code: 33187

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] BERTA VAldES PRESIDENT 12/4/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	RAFAEL HERRERA, 21521 S.W. 152 ST, MIAMI, Fl 33187 — PRESIDENT	☒ DELETE	1 TITLE PD	BERTA VAldES, 21751 S.W. 164 ST, MIAMI, Fl 33187 — PRESIDENT & DIRECTOR	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JULIA YAPELL, 20750 S.W. 136 ST, MIAMI, Fl 33187 — SECRETARY	☒ DELETE	2 TITLE S	ZENAIDA GARCIA, 16431 S.W. 217 AVE, MIAMI, Fl 33187 — SECRETARY	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 TITLE TD	GUS CALLAIZAKIS, 14201 S.W. 197 AVE, MIAMI, Fl 33187 — TREASURER & DIRECTOR REINSTATED	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4 TITLE D	XAVIER FERRER, 1231 S.W. 104 AVE, MIAMI, Fl 33174 — DIRECTOR	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 TITLE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6 TITLE	B 1/26/99 99AR	☐ Change ☐ Addition

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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: [signature] GUS CALLAIZAKIS TREASURER 12/4/98 (305) 238-3746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)