

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 07 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000003121 (0)**  
 1. Corporation Name  
**J.M.C. GARDENS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>13700 NE 3RD CT MIAMI FL 33181</b>	Mailing Address <b>13700 NE 3RD CT MIAMI FL 33161-3628</b>
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3. Date Incorporated or Qualified <b>06/24/1994</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>65-0532101</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

**9. Name and Address of Current Registered Agent**

**VILAR PROPERTY MGMT.  
305 ALCAZAR AVE.  
CORAL GABLES FL 33131**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, LUCINDA	
STREET ADDRESS	13720 NE 3RD CT.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VSD	<input checked="" type="checkbox"/> DELETE
NAME	ALLEN, LEANDRA	
STREET ADDRESS	13724 NE 3RD CT.	
CITY-ST-ZIP	NORTH MIAMI FL 33131	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CERRANO, EDIBERTO	
STREET ADDRESS	13712 NE 3RD CT.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
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	Leandra M. Allen PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	13724 NE 3rd. Ct.	
1.3 STREET ADDRESS	N MIAMI, FL. 33161	
1.4 CITY-ST-ZIP		
2.1 TITLE	LARRY CARLSON VSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	13744 NE 3rd. Ct	
2.3 STREET ADDRESS	N MIAMI, FL. 33161	
2.4 CITY-ST-ZIP		
3.1 TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Lucretia Allen	
3.3 STREET ADDRESS	13720 NE 3rd Ct.	
3.4 CITY-ST-ZIP	N MIAMI, FL. 33161	
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **3/4/97**  
 Daytime Phone # **(305) 535-6452**

CR2E037 (9/96)