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FILED
May 26 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 #

1. Corporation Name

N94000003732

LAS VERDES TOWNHOMES ASSOCIATION, INC.

2. Principal Place of Business

C/O MIAMI MANAGEMENT INC.
1189 Sawgrass Corp. Pkwy
Sunrise, FL 33323

Mailing Address

1189 Sawgrass Corp. Pkwy.
Sunrise, FL 33323

3. Date Incorporated or Qualified

07/28/94

4. FEI Number

65-0509291

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

Miami Management Inc.
1189 Sawgrass Corporate Parkway
Sunrise, FL 33323

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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, Florida Statutes

SIGNATURE

Signature typed or printed name of registered agent and title (Applicable)

(NOT: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☒ DELETE

TITLE PD
NAME Stermer, Lee
STREET ADDRESS 681 SW 158 Way
CITY-ST-ZIP Pembroke Pines FL

TITLE LaPorte Girard - VPD
NAME 681 SW 158 Ter
STREET ADDRESS Pembroke Pines, FL
CITY-ST-ZIP STD

TITLE Peck, Mary Jane
NAME 837 SW 158 Ter
STREET ADDRESS Pembroke Pines, FL 33027
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE PD
12 NAME Palmer, Mary Jane
13 STREET ADDRESS 742 SW 158 Avenue
14 CITY-ST-ZIP Pembroke Pines, FL

21 TITLE DVP
22 NAME McCullers, Hilda
23 STREET ADDRESS 691 SW 158 Ave
24 CITY-ST-ZIP Pembroke, Pines

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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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: *Sharon M. Palmer President* 4-28-98 (305) 546-0126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)