

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 18 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N95000002137 (6)**  
1. Corporation Name  
**THE NANTUCKET COVE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>2700 GRANADA BLVD.<br/>CORAL GABLES FL 33134</b> | Mailing Address<br><b>525 BARGELLO<br/>CORAL GABLES FL 33146-2708</b> |
|--|---|

|  |   |
|--|---|
| 3. Date Incorporated or Qualified<br><b>05/01/1995</b>   | 3a. Date of Last Report<br><b>01/06/1997</b>                      |
| 4. FEI Number<br><b>NOT APPLICABLE</b>   | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                             |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                                |
| 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 Country                | 28. Zip Country         |
| 24. Zip                        | 29. Zip                 |
| 25. Country                    | 30. Country             |

9. Name and Address of Current Registered Agent  
**MILIAN, MARY HOERBER  
525 BARGELLO  
CORAL GABLES FL 33146**

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 *Mary Hoerber Milian* DATE **3/13/97**

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-------------------------------|---|--|
| TITLE                      | PD                            | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MILIAN, JORGE L               | 1.2 NAME  |  |
| STREET ADDRESS             | <del>2700 GRANADA BLVD.</del> | 1.3 STREET ADDRESS                                    | 525 Bargello Ave   |
| CITY-ST-ZIP                | CORAL GABLES FL 33134         | 1.4 CITY-ST-ZIP                                       | 33146  |
| TITLE                      | VD                            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MILIAN, GEORGE                | 2.2 NAME  |  |
| STREET ADDRESS             | 2700 GRANADA BLVD.            | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CORAL GABLES FL 33134         | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | STD                           | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MILIAN, MARILYN               | 3.2 NAME  |  |
| STREET ADDRESS             | 2700 GRANADA BLVD.            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CORAL GABLES FL 33134         | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                               | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 4.2 NAME  |  |
| STREET ADDRESS             |                               | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                               | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                               | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 5.2 NAME  |  |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                               | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 6.2 NAME  |  |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                               | 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

CR2E037 (9/96)