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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: ~~2700 GRANADA BLVD. CORAL GABLES FL 33134~~
Mailing Address: 525 BARGELLO CORAL GABLES FL 33146

3. Date Incorporated or Qualified: 05/01/1995
4. FEI Number: 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: 21 525 Bargello
22 Suite, Apt. #, etc.
23 City & State: CORAL GABLES FL
24 Zip: 33146 25 Country: DADE
26 Mailing Address: 26 525 Bargello
27 Suite, Apt. #, etc.
28 City & State:
29 Zip: 29 33146 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): 1325 Torce de Leon Blvd. #
83 #296
84 City: CORAL GABLES FL 85 Zip Code: 33134

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* MARY HOERBER MILIAN 3/7/98
DATE: 3/7/98

12. OFFICERS AND DIRECTORS

TITLE	PD	NAME	MILIAN, JORGE L	STREET ADDRESS	525 BARGELLO AVE	CITY-ST-ZIP	CORAL GABLES FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	MILIAN, GEORGE	STREET ADDRESS	2700 GRANADA BLVD.	CITY-ST-ZIP	CORAL GABLES FL 33134	<input type="checkbox"/> DELETE
TITLE	STD	NAME	MILIAN, MARILYN	STREET ADDRESS	2700 GRANADA BLVD.	CITY-ST-ZIP	CORAL GABLES FL 33134	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	33146
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	4945 Orduna DRIVE
3.4 CITY-ST-ZIP	33146
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: *Mary Hoerber Milian* 4/20/98
Date: 4/20/98

CR2E037 (10/97)