FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500002369 (5)

FIESTA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address					·				##III BOIII BBI	HE To ara To alo (1000 Fraf	
1350 E. NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH FL 33442			1350 E. NEWPORT CENTER DRIVE SUITE 200 DEERFIELD BEACH FL 33442-7712								
							3. Date Incorporated or 0 05/16/1995	Qualified	d 3a. Date of Last Report 05/20/1996		
2. Principal P	lace of Busin	ess	2a. Mailing Address				4. FEI Number 65-0586974		Applied For Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status De	esired	□ \$8. 7 5	Additional Regulred
City & State			City & State				6. Election Campaign Fin	_			
23 Zip		Country	Zip Country				Trust Fund Contribution 8. This corporation has lie	ability fo <u>r i</u> nt	tangible tax under		
24	25		29 30		30			Florida Statutes Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name											
DI II TE L	HOME CORF	PODATION			L						
	NEWPORT					Addres	ss (P.O. Box Number is Not	Acceptable	e)		
SUITE 2											
DEERFIE	LD BEACH	FL 33442			8	4 City	<u> </u>			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, Section 617.0503, Florida Statutes.											
SIGNATURE											
OIGITATIONE.	Signature, typed	or printed name of registered agen	I and title if applica	ible (NOTE	Registered A	gent signatur	e required	when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS DELETE						,	ADDITIONS/CHANGES	TO OFFICE		
TITLE :	PD	OTEVEN C			1.1 TITLE		. 1		☐ Change	Addition	
NAME Street address		steven C Newport Center D	IRIVE #200			et address		· -			
CITY-ST-ZIP		LD BEACH FL 33442	1117L, #200								
TITLE	VD	LO DENOTTE GOTTE		DELETE	1.4 City 2.1 Title			-		Change	Addition
NAME ()		N, SCOTT C		_	2.2 NAM			•	17		
STREET ADDRESS	DRESS 1350 E. NEWPORT CENTER DI DEERFIELD BEACH FL 33442				2 B STRE	et address	'		•		
CITY-ST-ZIP					2_4 CITY-ST-ZIP			•			
TITLE	STD			☐ DELETE	3.1 TITLE		Τ			☐ Change	Addition
NAME	HOLM, D				3.2 NAM	Ε					
STREET ADDRESS		NEWPORT CENTER D	· ·			ET ADDRESS					
CITY-ST-ZIP	DEERFIE	LD BEACH FL 33442		DELETE	3.4. CITY 4.1 TITLE		ļ		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME				DELEGE.	4. 2 NAM					∐ Change	[_] Addition
STREET ADDRESS				4.3 STREET ADDRESS							
CITY-ST-ZIP					4.4 CITY		-				
TITLE				DELETE	5.4 TITLE					☐ Change	Addition
NAME					5.2 NAM	E	İ				
STREET ADDRESS					5.3 STRE	ET ADDRESS					
CITY-ST-ZIP					5.4 CITY	· · · · · · · · · · · · · · · · · · ·					
TITLE				DELETE	6.1 TITLE					☐ Change	■ Addition
NAME CODET ADDRESS					6.2 NAM						
STREET ADDRESS					6.3 STRE	ET ADDRESS					

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.