FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N95000004854 (4)

AVOCADO-LOQUAT CONDOMINIUM TOWNHOMES ASSOCIATION , INC.

, INC.	ADO EOGOAT COMPONITIO	M TOTALIOMEO NO			
Principal Place	e of Business	Mailing Address		I TOURTERS BAR I PIRE DEEP ROUTE COLICE	\$0111 Adits 00411 Albar saeat aniin atar laar
21 SOUTHEAST FIRST AVE. 21 SOUTHEAST FIRST A MIAMI FL 33131 MIAMI FL 33131			T AVE.	i.	
				3. Date Incorporated or Qualified 10/13/1995	3a. Date of Last Report
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	te	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zıp	Country	Zıp	Country	8. This corporation has liability for in	
24	25 9. Name and Address of Curren	1 Secietared Agent	30	Florida Statutes 10. Name and Address of New Re	Yes No
*BRENN 21 SOL * MIAMI I	IER, RICHARD M JTHEAST FIRST AVE.		82 Street Adx 83	SPEECLAS fress (P.O. Box Number is Not Acceptable	CAQO AN .
			84 City	onut Grave	FL 85 Zip Code 33133
	to the provisions of Sections 617 0502 ered agent, or both, invitie State of Cloric vith, and accept the obligations of, Sect	and 617.1508; Elorida Statu da. Such change vas author ion 617.0503; Florida Statute	utes, the above-named corporation's books.	oration submits this statement for the purpard of directors. Thereby accept the appo	ose of changing its registered office intment as registered agent. I am
SIGNATURE	Signalize typed or printed name of registereo agent	and the if applicable (f	NOTE: Registered Agent signature requir	ad when reinsfating:	DATE
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFE	
TITLE	D	DEFELE	11 THTLE		Change Addition
NAME	VERRECCHIA, GIANFRANCO		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33131	Page 500	1.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	D	DELETE	2 1 TITLE		Change C Addition
NAME	LITMAN, NEAL		2 2 NAME		
STREET ADDRESS	I 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2 3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131	DELETE	2 4 CITY-ST-ZIP 3 t TITLE		Change Addition
TITLE NAME	BRENNER, RICHARD M		3.2 NAME		
STREET ADDRESS	AL COLUMNICACE FINANT ALE		3.3 STREET ADDRESS		
CITY-ST-Z-P	MIAMI FL 33131		3 4 CHTY - S1 - ZIP		
TITLE	The state of the s	DELETE	41 TITLE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS	s		4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	5 1 TETLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS	5		5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		Choose C Addition
TITLE		DELETÉ	& 1 THTLE		☐ Change ☐ Addition
NAME			6 2 NAME		
STREET ADDRESS	5		63 STREET ADDRESS		
CITY-ST-ZIP	ab and fighted the information of the	with this files is valuated at	weighted and door not ovalife	for the exemption stated in Section 110	07/3Vk) Florida Statutes I further
14. I do here certify the oath; the	eby certify that the information supplied nat the information indicated on this ann at I am an officer or director of the corp in Block 12 or Block 13 if changed, or	ual report or supplemental a bration or the receiver or trus	nnual report is true and accu stee empowered to execute t	for the exemption stated in Section 119. rate and that my signature shall have the his report as required by Chapter 617, Fix	07(3)(k), Florida Statutes. I furth same legal effect as if made ur orida Statutes; and that my nar るら

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

446 SG25.