

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000005008 (6)

1. Corporation Name

ASPEN PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**6701-SUNSET-DRIVE #100
MIAMI-FL-33143-**

**6701-SUNSET DRIVE #100
MIAMI FL-33143-**

3. Date Incorporated or Qualified
10/23/1995

3a. Date of Last Report

21. Principal Place of Business
1677 West 31 Place

2a. Mailing Address
1677 West 31 Place

4. FEI Number

Applied For
 Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23. City & State
Hialeah, Fl

28. City & State
Hialeah, Fl

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24. Zip
33012

25. Country
USA

29. Zip
33012

30. Country
USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAMSON, FRANK
6701-SUNSET-DRIVE #100
MIAMI FL-33143**

81. Name
MANUEL SANCHEZ

82. Street Address (P.O. Box Number is Not Acceptable)
1677 West 31 Place

83.

84. City
Hialeah

85. FL

Zip Code
33012

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: *Manuel Sanchez*
Signature typed or printed name of registered agent and title if applicable.

MANUEL SANCHEZ

2/19/96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PVST <input checked="" type="checkbox"/> DELETE
NAME	BRAMSON, FRANK
STREET ADDRESS	6596 ALLISON ROAD
CITY - ST - ZIP	MIAMI BEACH FL 33141
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director, President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Manuel Sanchez
1.3 STREET ADDRESS	1677 West 31 Place
1.4 CITY - ST - ZIP	Hialeah, Fl 33012
2.1 TITLE	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Leigh B. Lake
2.3 STREET ADDRESS	1677 West 31 Place
2.4 CITY - ST - ZIP	Hialeah, Fl 33012
3.1 TITLE	Director, Secretary/Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jose M. Fernandez
3.3 STREET ADDRESS	1675 West 31 Place
3.4 CITY - ST - ZIP	Hialeah, Fl 33012
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Manuel Sanchez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL SANCHEZ 2/23/96 (305) 819-7877

Date

Day/Time Phone #

CR2E037 (12/95)