FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

FILED Mar 19 1998 8:00am Secretary of State

DOCUMENT #	N9600000	01146 (7)									
RED BIRD CIVIC ASSOCIATION, INC. Principal Place of Business Malting Address											
6019 S.W. 35 ST. MIAMI FL 33155 US		P.O. BOX 557222 MIAMI FL 33255 US				3. Date Incorporated or Qualified 03/01/1996 4. FEI Number 65-0624816			Applied For		
		2a. Mailing Address				5. Certificate of Status Desired			5 Additional Required		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing Trust Fund Contribution		\$5.0	0 May 8e of to Fees		
City & State		City & State				7. Is this nonprofit corporation a homeowners association?					
24 26	ountry 29					8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No					
Name and Address of Current Registered Agent				П	Name	10. Name and Address of New R	egistered A	pent	~~~		
CRESPO, MANUEL L 2701 PONCE DE LEON BLVD STE 302 CORAL GABLES FL 33134			8	2		reet Address (P.O. Box Number is Not Acceptable)					
			8	4	City		FL	85 2	Zip Code		
 Pursuant to the provisions of office or registered agent, or agent. I am familiar with, and 	r both, in the State of Florid	da. Such change was au	thorized I	by 1	the corporatio	ration submits this statement for the n's board of directors. I hereby acce	purpose of o	hangin intment	ig its registered as registered		
SIGNATURE Signature, bood or printe	od name of registered agent and title	H apolicable. (NOTE:	Registered A	\oen	t signature required	when reinstating)	DATE				
orgination prese	2										

SIGNATURE Signature, typed or printed name of registered agent and tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12,	OFFICERS AND DIRECTORS	(MO1E: M	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PD 🗆 t	ELETE	1.1 TITLE		Change	Addition				
NAME	LAROUE, ROBERT		1.2 NAME							
STREET ADDRESS	6019 S.W. 35 ST.		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL	_	1.4 CITY-ST-ZIP							
TITLE	VO LLY	ELETE	2.1 TITLE	VD	Change	☐ Addition				
NAME	CATES, SUZANNE		2.2 NAME	MICHAEL CABANACH						
STREET ADDRESS	3951 SW 62 AVE		2.3 STREET ADDRESS	3525 SW 58 AVE						
CITY-ST-ZIP	MIAMI FL 33155		2.4 CITY-ST-ZIP	MICHAEL CABANACH 3525 SU 58 AVE. MIAMI, FL 33155						
TITLE	TD G	ELETE	3.1 TITLE		Change	☐ Addition				
NAME	LA ROUE, SAMUEL		3.2 NAME							
STREET ADDRESS	5980 S.W. 35 ST.		3.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP							
TITLE	SD 🗆 :	ELETE	4.1 TITLE		Change	Addition				
HAME	GARCIA, CELILIA		4. 2 NAME							
STREET ADDRESS	5800 SW 35 STREET		4.3 STREET ADDRESS							
CITY-ST-ZIP	MIAM FL 33155		4.4 CITY-ST-ZIP							
TITLE		ELETE	6.1 TITLE		Change	Addition				
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		ELETE	6.1 TITLE		Change	☐ Addition				
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
OITY OT THE			RACITY ST. 700	1						

14. I hereby certify that the information supplied with this filling 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.

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