

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 07 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 # N96000002092 (2)
 1. Corporation Name
SOUTH DADE PROPERTY RIGHTS ASSOCIATION, INC.



Principal Place of Business 48 NE 15TH STREET SECOND FLOOR HOMESTEAD FL 33030	Mailing Address 48 NE 15TH STREET SECOND FLOOR HOMESTEAD FL 33030
---	---

3. Date Incorporated or Qualified 04/17/1996	
4. FEI Number APPLIED FOR 65-0764742	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip Country 29 30
---	---

9. Name and Address of Current Registered Agent LYNN, JOHN M 48 NE 15TH STREET SECOND FLOOR HOMESTEAD FL 33030	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICK, WALTER	1.2 NAME	Peters, Lewis H.
STREET ADDRESS	10311 SW 199TH ST	1.3 STREET ADDRESS	1200 N.W. 4 St.
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANGO, ARMANDO A DR.	2.2 NAME	
STREET ADDRESS	POST OFFICE BOX 490719 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, WEBSTER	3.2 NAME	
STREET ADDRESS	28105 SW 157TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33033	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMKINS, PAUL	4.2 NAME	
STREET ADDRESS	12171 MOODY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORCISE, STEVE	5.2 NAME	
STREET ADDRESS	POST OFFICE BOX 3004	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLORIDA CITY FL 33034 <i>15900 SW 408 Street FL City, FL 33034</i>	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, GEORGE JR.	6.2 NAME	
STREET ADDRESS	16970 SW 264TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	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: _____ Lewis H. Peters, Treasurer 9/1/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)