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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N96000003073**

1. Corporation Name
GB VILLAS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
601 Brickell Key Dr. Suite E Miami, Fl 33131	601 Brickell Key Dr. Suite E Miami, Fl 33131

3. Date Incorporated or Qualified: 06/10/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 520 Brickell Key Dr.	26 520 Brickell Key Dr.
Suite, Apt. #, etc. 22 Suite 305	Suite, Apt. #, etc. 27 Suite 305
City & State 23 Miami, Fl	City & State 28 Miami, Fl
Zip 24 33131 Country 25 USA	Zip 29 33131 Country 30 USA

4. FEI Number: applied for ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

Haber, Robert M.
520 Brickell Key Dr.
Suite 305
Miami, Fl 33131

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D Jose Luis Llanes 601 Brickell Key Dr Suite E Miami, Fl 33131	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 520 Brickell Key Dr. #305 Miami, Fl 33131	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Juan Pablo Bannatyne 601 Brickell Key Dr. Suite E Miami, Fl 33131	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 520 Brickell Key Dr. #305 Miami, Fl 33131	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Eduardo Avila 601 Brickell Key Dr Suite E Miami, Fl 33131	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Assistant Secy,D Haber, Robert M. 520 Brickell Key Dr. #305 Miami, Fl 33131 ☐ Change ☒ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 300002175203 -05/12/97--01104--051 ***886.25	

CR2E037 (9/96)

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.

SIGNATURE: _____ 4/29/97 Robert M. Haber Assistant Secy,D (305)374-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #