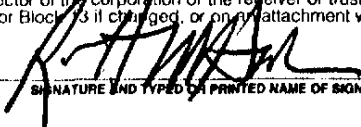


FILE NOW: FILING FEE IS \$61.25

FILED
May 06 1997 8:00am
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 601 Brickell Key Dr. Suite E Miami, Fl 33131		Mailing Address 601 Brickell Key Dr. Suite E Miami, Fl 33131	
2. Principal Place of Business 21 520 Brickell Key Dr. Suite, Apt. #, etc. 22 Suite 305 City & State 23 Miami, Fl Zip 24 33131 Country 25 USA		2a. Mailing Address 26 520 Brickell Key Dr. Suite, Apt. #, etc. 27 Suite 305 City & State 28 Miami, Fl Zip 29 33131 Country 30 USA	
3. Date Incorporated or Qualified 06/10/1996		3a. Date of Last Report	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P,D	☐ DELETE	
NAME	Jose Luis Llanes		
STREET ADDRESS	601 Brickell Key Dr Suite E		
CITY-ST-ZIP	Miami, Fl 33131		
TITLE	VPD	☐ DELETE	
NAME	Juan Pablo Bannatyne		
STREET ADDRESS	601 Brickell Key Dr. Suite E		
CITY-ST-ZIP	Miami, Fl 33131		
TITLE	STD	☒ DELETE	
NAME	Eduardo Avila		
STREET ADDRESS	601 Brickell Key Dr Suite E		
CITY-ST-ZIP	Miami, Fl 33131		
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		☒ Change ☐ Addition	
1.2 NAME			
1.3 STREET ADDRESS	520 Brickell Key Dr. #305		
1.4 CITY-ST-ZIP	Miami, Fl 33131		
2.1 TITLE		☒ Change ☐ Addition	
2.2 NAME			
2.3 STREET ADDRESS	520 Brickell Key Dr. #305		
2.4 CITY-ST-ZIP	Miami, Fl 33131		
3.1 TITLE		☐ Change ☐ Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Assistant Secy,D	☐ Change ☒ Addition	
4.2 NAME	Haber, Robert M.		
4.3 STREET ADDRESS	520 Brickell Key Dr. #305		
4.4 CITY-ST-ZIP	Miami, Fl 33131		
5.1 TITLE		☐ Change ☐ Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change ☐ Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
300002175203 -05/12/97--01104--051 ***886.25			
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			

CR2E037 (9/96)