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FILED
Feb 26 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 # **N96000004261 (1)**

1. Corporation Name

EARLINGTON HEIGHTS OLINDA ASSOCIATION INC.



Principal Place of Business

Mailing Address

**2146 NW 49TH ST
MIAMI FL 33142**

**2146 NW 49TH ST
MIAMI FL 33142**

3. Date Incorporated or Qualified

08/15/1996

4. FEI Number

65-0708533

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21
Suite, Apt. #, etc.

26
Suite, Apt. #, etc.

22
City & State

27
City & State

23
Zip

Country

28
Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEWIS, VIRIE
2146 NW 49TH ST
MIAMI FL 33142**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **C** ☒ DELETE
NAME **CRAWFORD, JOHN W**
STREET ADDRESS **2145 NW 49 ST**
CITY-ST-ZIP **MIAMI FL 33142**

1.1 TITLE **C** ☒ Change ☐ Addition
1.2 NAME **EVERETT, TIMOTHY**
1.3 STREET ADDRESS **2140 NW 50TH ST.**
1.4 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **CC** ☐ DELETE
NAME **LEWIS, VIRIE**
STREET ADDRESS **2146 NW 49 ST**
CITY-ST-ZIP **MIAMI FL 33142**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **EVERETT, TIMOTHY**
STREET ADDRESS **2145 NW 50TH ST**
CITY-ST-ZIP **MIAMI FL 33142**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **STROZIER, EUGENE**
3.3 STREET ADDRESS **1940 NW 47TH ST.**
3.4 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **T** ☐ DELETE
NAME **SPENCE, SAMUEL**
STREET ADDRESS **2138 NW 49 ST**
CITY-ST-ZIP **MIAMI FL 33142**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **STROZIER, EUGENE**
STREET ADDRESS **1940 NW 47TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **JACKSON, MABLE**
5.3 STREET ADDRESS **1901 NW 51 ST**
5.4 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE **D** ☐ DELETE
NAME **GREEN, ANNE**
STREET ADDRESS **1940 NW 47TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: **VIRIE LEWIS** *Virie Lewis*

2/18/98 305.6338192

CR2E037 (10/97)