NONPROFIT CORPORATION ANNUAL REPORT



FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N9600004261

EARLINGTON HEIGHTS OLINDA ASSOCIATION INC.

Princ	ipal	Place	of	Busines
34.40	BR47	40TH	٥Ŧ	

Mailing Address 2146 NW 49TH ST

MIAMI FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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MIAMI FL 33142

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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FILED Mar 05, 1999 8:00 am § Secretary of State

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I ISBNIIN BI		ABIN CONSTRUCTOR	IA KIRIA AKINI KIRI KURI
		88 111 381 114 83111 6 1 8	

3. Date Incorporated or Qualifed

08/15/1996

65-0708533

4. FEI Number

City & Stat	e	City & State			5. Certifcate of Status Desir	ed	\$0.75 A		
23		28			To Continuate of Castap Scott		- Fee Re	quired	
Zip	Country	Zip	Country		6. Election Campaign Finar	ncing m	\$5.00	May Be	
24	25 29 30		30		Trust Fund Contribution Added to			o Fees	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
			81	Name	•	•			
LEWIS, VII	RIF		82	Street Add	Iress (P.O. Box Number is Not A	cceptable)			
2146 NW			-	Ottobe Address (1.0. Dox Hullison to Not Address)					
MIAMI FL			83	83					
INCHAIL LE	0017E		84	Oit.		· , , , , , , , , , , , , , , , , , , ,	85 Zip C	`oda	
			54	City		·FL	. 65 ZIP C	,oue	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abov	e-named corp	poration submits this statement for	or the purpose of	changing its	registered	
office or r	egistered agent or both in the State of	Florida, Such change was au	ithorized by	the corporati	ion's board of directors, I nereby	accept the appoi	ntment as reg	istered	
	m families with, and argept the obligation	ns or, Section 617.0503, Flor	da Statutes	,	2	-16-99.			
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Age	nt signature require	ed when reinstating)	DATE	•		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES T	O OFFICERS AN	ID DIRECTO	RS IN 12	
TITLE	C	DELETE	1.1 TITLE				Change	☐ Addition	
NAME	EVERETT, TIMOTHY		1.2 NAME						
STREET ADDRESS	ALAA ANAL SATILAT			T ADDRESS					
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-5	ST-ZIP		<i>*</i> •			
TITLE	CC	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	LEWIS, VIRIE		2.2 NAME		,		•		
STREET ADDRESS	2146 NW 49 ST		2.3 STREE	T ADDRESS		•	•		
CITY-ST-ZIP	MIAMI FL 33142		2. 4 CITY-	ST-ZIP					
TITLE	S	☐ DELETE	3.1 TITLE		······································		Change	Addition	
NAME	STROZIER, EUGENE		3.2 NAME		•				
STREET ADDRESS	1940 NW 47TH ST		3.3 STREE	TADORESS					
CITY-ST-ZIP	MIAMI FL 33142		3.4. CITY-	ST-ZIP				,	
TITLE	T	☐ DELETE	4.1 TTILE				Change	Addition	
NAME	SPENCE, SAMUEL		4. 2 NAME						
STREET ADDRESS	2138 NW 49 ST		4.3 STREE	TADDRESS				ļ	
CITY-ST-ZIP	MIAMI FL 33142		4.4 CITY-5	ST-ZIP					
TITLE	D	☐ DELETE	5.1 TITLE			·-	Change	Addition	
NAME	JACKSON, MABLE		5.2 NAME			•			
STREET ADDRESS	1901 NW 51ST ST		5.3 STREE	T ADDRESS				ļ	
CITY-ST-ZIP	MIAMI FL 31342		5.4 CTY-S	T-ZIP			•		
TITLE	D	☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME	GREEN, ANNE		6.2 NAME		•	•		·	
STREET ADDRESS	l		6.3 STREE	T ADDRESS			•	· \	
ì	MIAMI FL 31342		6.4 CITY-5	ST-ZIP					
CITY-ST-ZiP	I WILDINI I'L 31344								

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 or an attachment with an address, with all effect like empowered.

SIGNATURE:

Applied For

\$8.75 Additional

Not Applicable