

FILE NOW: FILING FEE IS \$61.25

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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004780 (0)**
1. Corporation Name
BIG FIVE HOMES HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 9360 SUNSET DRIVE SUITE #291 MIAMI FL 33173	Mailing Address 9360 SUNSET DRIVE SUITE #291 MIAMI FL 33173
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3. Date Incorporated or Qualified 09/13/1996	
4. FEI Number 65-0461838	Applied For <input type="checkbox"/> Not Applicable
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 checked="" type="checkbox"/> Yes <input 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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**GIL, JULIA
9360 SUNSET DRIVE
SUITE #291
MIAMI FL 33173**

10. Name and Address of New Registered Agent

81 Name **Augusto J. Gil**
82 Street Address (P.O. Box Number is Not Acceptable) **9360 SUNSET DRIVE**
83 **Suite # 291**
84 City **Miami** 85 Zip Code **FL 33173**

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 *Augusto J. Gil* **Augusto J. Gil** DATE **2/9/98**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	GIL, AUGUSTO J	
STREET ADDRESS	9360 SUNSET DRIVE #291	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	SD	<input type="checkbox"/>
NAME	PINO, SERGIO	
STREET ADDRESS	901 S.W. 69TH AVE.	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/>
NAME	GIL, ALEX	
STREET ADDRESS	9360 SUNSET DRIVE #291	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 in an attachment with address.

SIGNATURE: *Augusto J. Gil* **Augusto J Gil** **2/9/98** **(305) 598-4002**

CR2E037 (1097)