FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENTOF STATI

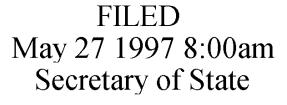
Sandra B. Mordam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N9600004830 (3)

GEOMARA GARDENS CONDOMINIUM ASSOCIATION, INC.





Principal Plac	e of Business	Mailing Address				T I BRAINTON OND FORMER DENNY DOWN ODDING BERNY DRAINT DENNY DENNY DENNY DRAINT DRAINT DRAINT DRAINT DRAINT DRAINT				
1707 WEST 39	PLACE	1707 WEST 39 PLACE								
HIALEAH FL 93		HIALEAH FL 33012-7016								
						3. Date Incorporated or Qualified 09/16/1996	3a. Date	of Last I	Report	7
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		TIA	pplied For	-	
21		26			65-0713508 Not Applicable				,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & Stat	Ð	City & State			6. Election Campaign Financing		\$5.00	May Be	7	
23		28			Trust Fund Contribution			to Fees	╛	
Zip	Country Zip		⊢¬	Country		8. This corporation has liability for in			s. 199.032,	1
24	[25]	29	30				Yes 🔀			4
ļ. 	9. Name and Address of Current	Hegistered Agent		81 N	ame	10. Name and Address of New Reg	isterea Ag	ent /		4
				"	v.		/	//C	1	
OSMAN, L. MICHAEL					eet Addr	ess (P.O. Box Number is Not Acceptabl	e)	7		1
1	WEST 84 STREET			83			·			4
HIALEAF	1 FL 33014			03						
				84 C	ly		FL	85 Zip	Code	1
11. Pursuant	to the provisions of Sedions 617.0502	and 617,1508, Florida Statut	es, the a	bove-na	med corp	oration submits this statement for the pu	rpose of ch	anging	its registered	7
office of f	egistered agent, or both in the State of im familiar with and a∽ept the obligat	r Florida Such change was a ions of, Section 617.0503, Fig	authorize orida Stat	ed by the tutes.	corporati	oration submits this statement for the pu ion's board of directors. I hereby accept	the appoir	tment as	registered	
SIGNATURE		~/A								
	Signature, typed or printed same of registered agent			d Agent sig	na!ure requir	ed whon reinstating)	DATE			╛
12.	OFFICERS AND	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICE		Change		(g
TITLE	PD CACERES, RAMON	☐ Detere	1.1 11		Ì		L-	J Change	Addilion	1.1
NAME	1707 WEST 39 PLACE		1.2 N							F037
STREET ADDRESS	HIALEAH FL 33012		•	1.3 STREET ADDRESS						년
CITY-ST-ZIP TITLE	SD SD	DELETE	2.1 TI	ITY - ST - ZII	ZIP .			Change	☐ Addition	<u> </u>
NAME	CACERES, MARIA	C. Occasio	2.2 N/]		ما	J Ununge	Rodition	
STREET ADDRESS	1707 WEST 39 PLACE		1	TREET ADD	ree					1
CITY-ST-ZIP	HIALEAH FL 33012			CITY-ST-ZI						
TITLE	n	DELETE	3.1 Tr				- Т	Change	Addition	-
NAME	GARCIA, JUAN	book and a second	3.2 N/		1					
STREET ADDRESS	7600 W 20TH AVE, STE 111			TREET ADD	FSS					
CITY-ST-ZIP	HIALEAH FL 33016			CITY - ST - ZI	\					1
TITLE		☐ DELETE	4.1 TI				L	Change	Addition	1
NAME			4.2 N	NAME	- 1			-		
STREET ADDRESS			4.3 \$1	TREET ADD	ESS					1
CITY-ST-ZIP			4.4 Di	ity - St - Zif						
TITLE		☐ DELETE	5.1 70	ITLE				Change	Addition	7
NAME			5.2 N/	AME	}				øs.	
STREET ADDRESS			5.3 ST	TREET ADD	ESS				~	1
CITY-ST-ZIP			5.4 Ci	ITY-ST-ZIE					5/27/9	
TITLE		DELETE	6.1 TI	ITLE			L	Change	Addition Addition	7
NAME			6.2 N/	AME	1					
STREET ADDRESS			6.3 \$1	TREET ADD	ess	. 1	k Def	Q,		
CITY-ST-ZIP			6.4 CI	ITY-ST-ZIF	ļ	L/S	k del	6	1.20	

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 adoptemental annual report is true end 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 (if the receiver on 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, by on an attachment with an address.

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