## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ,ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 22 1998 8:00am

Secretary of State

Sendra B. Mortham

Secretary of Mate DIVISION OF CORPORATIONS

1998 **DOCUMENT** #

N97000002063 (2)

R.O.C.A. CIVIC ASSOCIATION, INC.					
Principal Place of Business		Mailing Address			I IBBITIDEI BIB YEVIN IBBIN BBINL DENK DENK BENIN EDIND 11611 BBING DINGO HAN 10611
8004 NW 154TH ST.SUITE 121 MIAMI LAKES FL 33016		8004 NW 154TH 8T.SUITE 121 MIAMI LAKES FL 33016			3. Date Incorporated or Qualified  04/11/1997  4. FELNumber Applied For
	_				4. FELNymber Applied For Not Applied For Not Applied For
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired S8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28			Yes You No
Žip	Country	Z₁p	<b>⊢</b> ¬	ntry	This corporation owes or has paid the current year Intangible
24	9. Name and Address of Currer	29	30		Personal Property Tax due June 30. Yes No
	W. Name and Address of Curren	it Hedisteled Whelit		81 Name	10. Name and Address of New Registered Agent
	PARRA HILL				JOAN L ANZOLA
	-TORRES, JUAN				Address (P.O. Box Number is Not Acceptable)
16680 NW 83RD PLACE MIAMI FL 33016				83	16660 NW 86 CT
MIAMI FL	. 33016				
				84 City	MIAMI LAKES FL BS Zip Code 33016
11. Pursuant t	to the provisions of Sections 617.050	2 and 617 1508 Floride State	the the e		corporation submits this statement for the purpose of changing its registered
office or re agent. I as	egi <b>ster</b> ed agent, or both, in the State m familiar with, and accopt the oblig	of Florida. Such change was ations of, Section 617.0503, F	authorize lorida Sta	d by the corp utes.	oration's board of directors. I hereby accept the appointment as registered
SIGNATURE _	- Joan J. Ar	exta-			
12.	Signature, probid or printed name of registered age OFFICERS AN		13.	a Agent signature	required when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	B OI FIGURAL	DELETE	1.1 TI	TLE	
NAME	BENITEZ-TORRES, JUAN		1.2 N	Į.	ANZOLA. JOAN L.
STREET ADDRESS	16680 NW 83RD PLACE		1.3 S	REET ADDRESS	14660 NW 86 COURT
CITY-ST-ZIP	MIAMI FL 33016		1.4 0	TY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	V	DELETE	2.1 71	ILE	☐ Change ☐ Addition
NAME	HERNANDEZ, LYDIA	•	2.2 N	ME	
STREET ADDRESS	7041 NW 166TH ST		2.3 ST	REET ADDRESS	
CITY-ST-ZIP	MAMI FL 33016	<u>'</u>	2.40	ITY-ST-ZIP	
TETLE	T	DELETE	3.1 TI	rLE	Change Addition
NAME	SILVA-HORTA, ODALYS C		3.2 N		
STREET ADDRESS	8250 NW 165TH TERR		1	reet address	
CITY-ST-ZIP	MIAMI FL 33016	NCIETE		ITY-ST-ZIP	Tire Ctor Dichange Addition
TITLE	S EELTON DOREDTA	DELETE	4.1 10		AFRICAL AUDREA
STREET ADDRESS	FELTON, ROBERTA 8016 NW 162 ST		4.2 N	DEET ADDRESS	196KGAKA, ANDREA LUARE 18462 N.W. 1684A LUARE MIAMI, FC 33016
CITY-ST-ZIP	MIAMI FL 33016			REET ADDRESS TY-ST-ZIP	Miaur El 3301 V
TITLE	THE WILL I LE VOUIU	☐ DELETE	5.1 Tr	LE	Change Addition
NAME			5.2 N/	i i	
STREET ADDRESS				REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
TITLE		DELETE	6.1 TI		Change Addition
NAME			6.2 N/	IME	
STREET ADDRESS			6.3 \$1	REET ADDRESS	
CITY-ST-ZIP				TY-ST-ZIP	
indicated of officer or o	on this annual report or supplements	al annual report is true and ac siver or trustee empowered to	curate and	that my sign	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an required by Chapter 617, Florida Statutes; and that my name appears in