FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90133 042 ****70.00

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1. Corporation Name
SEGOVIA VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2900 W. 84TH ST. HIALEAH FL 33016	2900 W. 84TH ST. HIALEAH FL 33016

2. Principal Place of Business 21 6121, 6081 W 24 AVE. Suite, Apt. #, etc. 22 101-113, 201-213 City & State 23 HIALEAH FL Zip 24 33016 Country 25	2a. Mailing Address 26 AMERICA MANAGEMENT & REALTY, INC. Suite, Apt. #, etc. 27 2011 W 62 ST City & State 28 HIALEAH FL Zip 29 33016 Country 30	3. Date Incorporated or Qualifed 05/27/1997 4. FEI Number 65-0785322 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BACA, CARLOS
6081 W 24 AVE., #213
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name: AMERICA MANAGEMENT & REALTY c/o Henry Hernandez
82 Street Address (P.O. Box Number is Not Acceptable): 2011 W 62 ST
83 HIALEAH
84 City: FL FL 85 Zip Code: 33016

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: Henry Hernandez 3/15/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIULATS, ANTONIO 6121 W 24 AVE., #106 HIALEAH FL 33016	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD FRANCES IANNUZZO 6121 W 24 AVE. #101 HIALEAH, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BACA, CARLOS 6081 W 24 AVE., 3213 HIALEAH FL 33016	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD LUIS A. AVILA 6081 W 24 AVE. #204 HIALEAH, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT SUAREZ, MARCOS 6121 W 24 AVE., #102 HIALEAH FL 33016	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD LYDIA GUZMAN 6081 W 24 AVE. #302 HIALEAH, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

X **SIGNATURE:** [illegible] **REQUIRED** 3/15/99 (305) 558-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #