

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
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90026 024 ****70.00

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1. Corporation Name

GWEN CHERRY APARTMENTS RESIDENT ASSOCIATION, INC ✓

Principal Place of Business

**GWEN CHERRY APARTMENTS
2099 NW 23RD STREET
MIAMI FL 33142**

Mailing Address

**GWEN CHERRY APARTMENTS
2099 NW 23RD STREET
MIAMI FL 33142**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country **30**

3. Date Incorporated or Qualified
07/28/1997

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate 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

**COLE, CAROL
C/O GWEN CHERRY APARTMENTS
2099 NW 23RD STREET
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **MCCARTHY, SELENA**
STREET ADDRESS **1311 NW 24 STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **SD** ☒ DELETE
NAME **WILLIAMS, JUDY**
STREET ADDRESS **1420 NW 30TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **SD** ☐ DELETE
NAME **COLE, CAROL**
STREET ADDRESS **2353 NW 21ST AVE**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **Clarke, Faye**
1.3 STREET ADDRESS **3013 NW 13 Avenue**
1.4 CITY-ST-ZIP **Miami, FL 33142**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **Walden, Bertha**
2.3 STREET ADDRESS **1235 NW 35 Street**
2.4 CITY-ST-ZIP **Miami, FL 33142**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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 the authority of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Selena McCarthy

Date

4-28-99

CR2F037 (11/98)