FILE NOW: FILING FEE, IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

90 FEB 15 38 8: 48

SECTEMENT OF STATE

DOCUMENT	# N98000004210

1. Corporation Name

Jubilee/Bayside Villas, Inc.			Mitsuksch Meede		
Principal Place of Business 2828 Coral Way Suite 303 Miami, Florida 33145 2. Principal Place of Business 21 742 NW 12th Avenue Suite, Apt. #, etc. 22 City & State 23 Miami, Florida Zip Country 24 33136 25 USA	Mailing Address Same 2a. Mailing Address 26 742 NW 12th Suite, Apt. #, etc. 27 City & State 28 Miami, Flori		400002	7805346 79901040009 81.25 *****61.25 Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees	
9. Name and Address of Curren			10. Name and Address of New Reg		
Francis V. Gudorf 2828 Coral Way, Suite Miami, Florida 33145	303	82 Street 83 84 City	Francis V. Gudorf Address (P.O. Box Number is Not Acceptable 742 NW 12th Avenue Miami	85 Zip Code	
Pursuant to the provisions of Sections 617.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of SIGNATURE.	of Florida. Such change was auth tions/of, Section 617.0503, Florid	the above named nonzed by the corporation of the co	corporation submits this statement for the publication's board of directors. I hereby accept the	rpose of changing its registered the appointment as registered	
Signalure: Speci or printed rafine of registared ager 12. OFFICERS AN	nt and the if applicable (NOTE Re	agistered Agent signature n II 13.	editived when reindating) ADDITIONS/CHANGE'S TO OFFIC		
TITLE OFFICERS AN	[DELETE	13. 111ii:€	•	Change [Addition	
NAME	2,7200.12	1.2 NAME	D,P Raul Masvidal	X	
STREET ADDRESS		13 STREET ADDRESS	1401 Ponce de Leon	200 # 300	
CITY-ST-ZIP		14 Cify - ST-2iF	Coral Gables, Flori		
TITLE	[] DELETE	2.1 TIPLE	D,V,S,T	[Charge [Addwon	
NAME		2.2 NAME	Francis V. Gudorf	Δ.	
STREET ADORESS		23 STREET ADDRESS			
CITY-ST-ZIP		2.4 0015 - \$1 - 200	742 NW 12th Avenue Miami, Florida 331	36	
TITLE	[] DELETE	31THLE	D	½ Change [Addition	
NAME		3.2 NAME	Douglas R. Mayer		
\$TREET ADDRESS		33 STREET ADDRESS	742 NW 12th Avenue		
City-St-ZiP		3.4 C(1Y+S1+Z(F)	Miami, Florida 3313	16	
TITLE	[] DELETE	4 1 TITLE		[Change	
NAME		4 2 NAMÉ			
STREET ADDRESS		43 STREET ADDRESS			
CITY-ST-ZIP		44 CHTY-\$1-ZIF			

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 on an attachment with an address, with all other like empowered

5 1 TITLE

5 2 NAME

6 1 TITLE

6.2 NAME

53 STREET ADDRESS

63 STREET ADORESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN LL OFFICE OR DIRECTOR

[] DELETE

☐ DELETE

2/10/99 305-326-9800 Date Daytime Prione #

[] Change [] Addition