

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 18, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 717229**

1. Entity Name  
**821 - 82ND STREET CONDOMINIUM, INC.**



Principal Place of Business  
**825 NW 15TH STREET  
HOMESTEAD, FL 33030**

Mailing Address  
**825 NW 15TH STREET  
HOMESTEAD, FL 33030**



01112005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MIRANDA, OSCAR  
825 NW 15TH STREET  
HOMESTEAD, FL 33030**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD  
MIRANDA, OSCAR  
825 NW 15TH STREET  
HOMESTEAD, FL 33030**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
APONTE, CARLOS  
821 82ND STREET NO 3  
MIAMI BEACH, FL 33141**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
GERSHMAN, CAROL  
3 ISLAND AVE APT 12-L  
MIAMI BEACH, FL 331395024**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000184040  
01/20/05-80013-024 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *Oscar Miranda*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/11/05* **3059865799**  
Date Date-time Phone #