


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90042 005 ****61.25

DOCUMENT # 726850

1. Entity Name
CALUMET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1281 W. 29TH STREET 1281 W. 29TH STREET
 #16 #16
 HIALEAH FL 33012 HIALEAH FL 33012



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CONDE, JOSE
1281 WEST 29TH STREET
HIALEAH FL 33012

7. Name and Address of New Registered Agent
 Name *Minnie Ramos*
 Street Address (P.O. Box Number is Not Acceptable) *1281 W. 29th St. #34*
 City *Hialeah, FL* Zip Code *33012*

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 *Minnie Ramos* President DATE *2-28-08*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to:
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONDE, JOSE	
STREET ADDRESS	1281 W 29TH ST #12	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUELMEZ, CARMEN	
STREET ADDRESS	1281 W. 29TH ST., STE. 16	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CERVANTES, JOSÉ	
STREET ADDRESS	1281 W. 29TH ST., #27	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Minnie Ramos</i>	
STREET ADDRESS	<i>1281 W. 29th St #34</i>	
CITY-ST-ZIP	<i>Hialeah, FL 33012</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Orlando Rangel</i>	
STREET ADDRESS	<i>1281 W. 29th St. #12</i>	
CITY-ST-ZIP	<i>Hialeah, FL 33012</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Minnie Ramos* MINNIE RAMOS 2-28-08 (786) 543-6575