


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

**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

03-04-2005 90098 008 \*\*\*\*70.00

**DOCUMENT # 727158**

1. Entity Name  
**THE SOVEREIGNS CONDOMINIUM, INC.**



Principal Place of Business  
**% L & B PROPERTY MANAGEMENT, INC.**  
**MIAMI, FL 33193**

Mailing Address  
**% L&B PROPERTY MANAGEMENT, INC.**  
**P. O. BOX 830698**  
**MIAMI, FL 33283**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02172005 Chg-NP CR2E037 (10/03)

City & State

Zip Country

4. FEI Number  
**59-1514081**

Applied For  
 Not Applicable

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

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

**GIL, LILLIE**  
**L&B PROPERTY MANAGEMENT INC**  
**6851 S.W. 147 AVE**  
**MIAMI, FL 33193**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **P**  Delete

NAME **NASH, MARTIN**

STREET ADDRESS **6911 SW 147TH AVE, #3B**

CITY-ST-ZIP **MIAMI, FL**

TITLE **P.**  Change  Addition

NAME **CARRASCO, MARIA**

STREET ADDRESS **6911 SW 147 AVE. # 4-C**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **VP**  Delete

NAME **GONZALEZ, JOSE**

STREET ADDRESS **6831 SW 147TH AVE #38**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **VP**  Change  Addition

NAME **HUTCHINGS, JUCIA**

STREET ADDRESS **6841 SW 147 AVE. # 3-E**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **T**  Delete

NAME **MILLER, FRED**

STREET ADDRESS **6821 SW 147TH AVE, #2B**

CITY-ST-ZIP **MIAMI, FL**

TITLE **T**  Change  Addition

NAME **RINCON, ELSIE**

STREET ADDRESS **6821 SW 147 AVE, #2-H**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **S**  Delete

NAME **GLASSMAN, RUTH**

STREET ADDRESS **6831 SW 147TH AVE, #2G**

CITY-ST-ZIP **MIAMI, FL**

TITLE **D**  Change  Addition

NAME **MAYOR, EMILIA**

STREET ADDRESS **6841 SW 147 AVE, # 1-C**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **D**  Delete

NAME **MURRY, ZOHN**

STREET ADDRESS **6901 SW 147TH AVE, #2C**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **D**  Change  Addition

NAME **MOUSSET, ALBERTO**

STREET ADDRESS **6831 SW 147 AVE, #2C**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **D**  Delete

NAME **SLATER, SISSY**

STREET ADDRESS **6911 SW 147TH #1A**

CITY-ST-ZIP **MIAMI, FL 33193**

TITLE **D**  Change  Addition

NAME **GREENSTEIN, LILLIAN**

STREET ADDRESS **6821 SW 147 AVE, # 1-F**

CITY-ST-ZIP **MIAMI, FL 33193**

12. 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 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:** Maria Carrasco **MARIA CARRASCO, PRES.** Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_