

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90047 002 ****61.25

DOCUMENT # 728578

1. Entity Name
THE CLINTON ASSOCIATION, INC.



Principal Place of Business
**6545 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141**

Mailing Address
**6545 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141**

DO NOT WRITE IN THIS SPACE

40000000



01132007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-1521822

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MILANES, DOLORES
6545 INDIAN CREEK #209
MIAMI, FL 33141**

**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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	TD ROSE, QUINTANA <i>Maria E. Lago</i> 6545 INDIAN CREEK DR., #205 #509 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILANES, DOLORES 6545 INDIAN CREEK DR #209 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALVARREDA, OSCAR 6545 INDIAN CREEK APT 503 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGE, ALICIA 6545 INDIAN CREEK #205 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM COSTALES, GLADYS 1623 COLLINS AVE., #714 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENFELD, ROBERTO 6545 DIBIAN CREEK DR #304 MIAMI BEACH, FL 33141

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Dolores Milanes President - DOLORES MILANES* **4-2-07** **305-8662999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #