2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State
02-12-2008 90020 010 ****61.25

DOCUMENT # 728578

1. Entity Name
THE CLINTON ASSOCIATION, INC.

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

01102008 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

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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LAGO, MARIA E
STREET ADDRESS	6545 INDIAN CREEK DR #509
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	PD
NAME	MILANES, DOLORES
STREET ADDRESS	6545 INDIAN CREEK DR #209
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	VP
NAME	ALVARREDA, OSCAR
STREET ADDRESS	6545 INDIAN CREEK APT 503
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	SD
NAME	LANGE, ALICIA
STREET ADDRESS	6545 INDIAN CREEK #205
CITY-ST-ZIP	MIAMI, FL 33141
TITLE	BM
NAME	COSTALES, GLADYS
STREET ADDRESS	1623 COLLINS AVE., #714
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	~~ROSENFELD, ROBERTO~~ Laura Salas
STREET ADDRESS	~~6545 INDIAN CREEK DR #304~~ 6545 Indian Creek DR # 504
CITY-ST-ZIP	MIAMI BEACH, FL 33141

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 02-03-08 305 866 2999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #