## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2004 8:00 am Secretary of State **DOCUMENT # 729081** 1. Entity Name 05-03-2004 90736 031 \*\*\*\*61.25 THE SANDERLING APARTMENTS CONDOMINIUM, INC. Principal Place of Business Mailing Address C/O JOENSO PROPER C/O JOENSO PROPER 13000 SW 133 CT MIAMI FL 33186 13000 SW 133 CT MIAMI FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-1640247 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SORDIA, JOE Street Address (P.O. Box Number is Not Acceptable) 13000 SW 133 CT MIAMI FL 33186 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State \* OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **Delete** TITLE Change Addition RODRIGUEZ, RAUL NAME NAME EFRAIN LORENZANA 13000 SW 133 CT STREET ADDRESS STREET ADDRESS 13000 SW 133 CT MIAMI FL 33186 CITY-ST-7IP CITY-ST-7IP MIAMI, FL. VPD TITLE ☐ Delete TITLE ☐ Change Addition ROSELLO, ERNESTO NAME NAME 13000 SW 133 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP SD Delete TITLE TITLE √ Change ☐ Addition HERNANDEZ, PEDRO NAME NAME GLADYS ANZARDO. 13000 SW 133 CT STREET ADDRESS STREET ADDRESS 13000 SW 133 CT MIAMI FL 33186 CITY-ST-ZIP CITY-ST-7IP MIAMI, FL. 33186 TD ☐ Delete ☐ Change ☐ Addition TREJO, LUIS NAME NAME 13000 SW 133 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-7IP CITY-ST-7IP ☐ Change Delete ☐ Addition TITLE TITLE DULCE, SEARA NAME NAME 13000 SW 133 CT STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

**FILED**