


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90035 013 ****61.25

DOCUMENT # 729601 1. Entity Name GRATIGNY PLAZA CONDOMINIUM ASSOCIATION, INC					
Principal Place of Business 7345 W 4TH AVENUE APT 408 HIALEAH, FL 33014 US				Mailing Address 7345 W 4TH AVENUE APT 408 HIALEAH, FL 33014 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1612846	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SOLER, OLGA 7345 WEST 4TH AVE. APT. 408 HIALEAH, FL 33014				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MOLLEDA, JOSE 7355 W 4TH AVE #416 HIALEAH, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	✓ GONZALEZ, DANIEL 7345 W 4TH AVE #306 HIALEAH, FL 33014
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MONTERO, AMPARO 7345 W 4TH AVE #408 HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MONTERO, AMPARO 7345 W 4TH AVE #408 HIALEAH, FL 33014
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PRIETO, OLGA 7345 WEST 4TH AVENUE #202 HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CASTILLO, ZORAIDA 7345 W 4TH AVE #408 HIALEAH, FL 33014	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <i>Zoraida Castillo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				6/23/2007 <small>Date</small>	
				<small>Daytime Phone #</small>	