

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP -4 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 736935

1. Entity Name
ST. ANDREWS COURT CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
1555 W. 44 PLACE #355
HIALEAH, FL 33012

Mailing Address
305 ALCAZAR AVE
CORAL GABLES, FL 33134 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

08232007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1678133

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VILAR PROPERTY MAG.
305 ALCAZAR AVE.
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

TITLE PD ☒ Delete
NAME BARRERO, MARIA
STREET ADDRESS 1555 W 44TH PL #208
CITY-ST-ZIP HIALEAH, FL 33012

TITLE PD ☐ Delete
NAME CASTILLO, CARLOS
STREET ADDRESS 1555 W 44 PL #323
CITY-ST-ZIP HIALEAH, FL 33012

TITLE TD ☒ Delete
NAME URIARTE, ORLANDO
STREET ADDRESS 1555 W 44 PLACE #225
CITY-ST-ZIP HIALEAH, FL 33012

TITLE SD ☐ Delete
NAME URIARTE, ERNESTINA
STREET ADDRESS 1555 W 44 CT #343
CITY-ST-ZIP HIALEAH, FL 33012

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 300109181769
CITY-ST-ZIP 09/07/07--01012--004 **61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ALVAREZ, JOSE RAUL, TD ☐ Change ☒ Addition
NAME
STREET ADDRESS 1555 West 44 Place # 308
CITY-ST-ZIP Hialeah, FL 33012

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ALVAREZ, MIGUEL VPD ☐ Change ☒ Addition
NAME
STREET ADDRESS 1555 West 44 Place # 242
CITY-ST-ZIP Hialeah, FL 33012

TITLE QUINTANA Paulino, D ☐ Change ☒ Addition
NAME
STREET ADDRESS 1555 West 44 Place # 313
CITY-ST-ZIP Hialeah, FL 33012

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/07 305-662-2781

Date

Daytime Phone #