2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 738269

1. Entity Name
DELVISTA ROAD MAINTENANCE COMPANY



FILED

May 04, 2007 8:00 am Secretary of State

Daytime Phone #

05-04-2007 90102 015 ****61.25

40106362

Principal Place of Business 20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH, FL 33180

SIGNATURE:

Mailing Address

20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH, FL 33180

2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR2	E037 (12/06)		
City & State		City & State	City & State		 91		oplied For	
Zip	Country	Zip	Country	5. Certificate of Si	tatus Desired	\$8.75 Add	ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name	Name				
SKRLD INC. 201 ALHAMBRA CR. 1102			Street A	Street Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33134								
			City	City FL Zip Code				
	named entity submits this statement	for the purpose of changir	ng its registered office of	or registered agent, or both, in	the State of Florida. I	am familiar with,	and accept	
trie obliga	ions of registered agent.							
CICNIATUDE								
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable.	(NOTE: Registered Agent signa	Nure required when reinstating)	DAT	re		
		0.50						
	Filing Fee is \$61.25 Due by May 1, 2007		S. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	l 10	
TITLE	VP	☐ Delete	TITLE	D. C. C.		Change	☐ Addition	
NAME	MASHIAH, SAUL		NAME	Mashiah, Saul	+ #1016			
STREET ADDRESS CITY-ST-ZIP	20225 NE 14 CT 1016 AVENTURA, FL 33180		STREET ADDRESS CITY-ST-ZIP	Aventura, F1	50100			
TITLE	D		TITLE	VP	27180			
NAME	LEBOVITZ, MARVIN	☐ Delete	NAME	Lebovitz, Marvin		Change	☐ Addition	
STREET ADDRESS	20355 NE 34 CT 1921		STREET ADDRESS	20355 NE 34Th CO	urt # 1518			
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura, F1 331	80			
TITLE	TD	☐ Delete	TITLE	5		Change	☐ Addition	
NAME	VARDI, ALEXANDER		NAME	Vardin Alexander		g-		
STREET ADDRESS	20355 NE 34 CT 1921		STREET ADDRESS	20355 NE 3476 C	t. #1921			
CITY-ST-ZIP	AVENTURA, FL 33180		CITY-ST-ZIP	Aventura, F13	3/80			
TITLE	ST	☐ Delete	TITLE	Tax		Change	☐ Addition	
NAME CYDEET 4000EEC	HERTOG, MADELINE		NAME	Hertos, Madeline	. * * 4787			
STREET ADDRESS CITY-ST-ZIP	20355 NE 34 CT 2426 AVENTURA, FL 33180		STREET ADDRESS CITY-ST-ZIP	Aventura, F1 331	100	•		
TITLE	PD	□ Delete	TITLE	110011014/1/331	80		- Addition	
NAME	BROWN, STANFORD	Delete	NAME	1		☐ Change	☐ Addition	
STREET ADDRESS	20225 NE 34 CT 2529		STREET ADDRESS					
CITY CT 210			CITY-ST-ZIP	1				
CITY-ST-ZIP	AVENTURA, FL 33180		G11-31-2F					
TITLE	AVENTURA, FL 33180	☐ Delete	TITLE		_	Change	☐ Addition	
	AVENTURA, FL 33180	☐ Delete				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this fiting 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. I further certify that the information indicated in the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes. I further certify that the information indicated in Chapter 119. Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certified in Chapter 119, Flo

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR