

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90331 028 ****61.25

DOCUMENT # 746870

1. Entity Name
PLAZA OF THE AMERICAS PART IV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**17001 N BAY RD
SUNNY ISLES BEACH, FL 33160 US**

Mailing Address
**17001 NORTH BAY ROAD
N MIAMI BEACH, FL 33160**

2. Principal Place of Business - No P.O. Box #
17001 North Bay Rd
Suite, Apt. #, etc.

3. Mailing Address
17001 North Bay Rd
Suite, Apt. #, etc.

City & State
Sunny Isles Beach FL

Zip
33160

Country
US

40000000



04212008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2070782

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ROTUNDO, EDUARDO
17001 N BAY RD
SUNNY ISLES BEACH, FL 33160**

7. Name and Address of New Registered Agent

Name
HUGO ESPINOZA

Street Address (P.O. Box Number is Not Acceptable)
17001 North Bay Rd

City
Sunny Isles Beach FL Zip Code
33160

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]* DATE **4/21/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME STREET ADDRESS CITY-ST-ZIP | PD ESPINOSA, ELISA 17021 N. BAY RD. #315 SUNNY ISLES BCH, FL 33160 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST ABIEU, LUIS 17021 N. BAY RD. #517 SUNNY ISLES BCH, FL 33160 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM BARREA, JAIME 17021 N. BAY RD. # SUNNY ISLE BEACH, FL 33160 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BM SIERRA, PEDRO 17021 N. BAY RD. #508 NORTH MIAMI BEACH, FL 33160 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD Cristina Pontillo 17021 North Bay Rd 603 Sunny Isles Beach FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | FD Ana Villar 17021 North Bay Rd #415 Sunny Isles Beach FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD Luis Abreu 17021 N. Bay Rd #517 Sunny Isles BCH, FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Elisa Espinoza 17021 North Bay Rd. #315 Sunny Isles BCH FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 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"/> 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: *Elisa Espinoza* DATE **4/21/08** (305) 944-9126

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR