

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754122

FILED
Feb 08, 2004
Secretary of State

Entity Name: MIDWAY GARDENS APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 52-1195
MIAMI, FL 33152

New Principal Place of Business:

Current Mailing Address:

P O BOX 52-1195
MIAMI, FL 33152

New Mailing Address:

FEI Number: 59-2646694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASO, CARLOS R ESQ
1300 CORAL WAY
STE 301
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MADRUGA, MARIA
Address: 8289 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: SD () Delete
Name: CABELLO, SUSANA
Address: 8289 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: VPD () Delete
Name: HERNANDEZ, ADA
Address: 8289 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALFONSO, LOIDA
Address: 8222 NW 8TH STREET
City-St-Zip: MIAMI, FL 33126

Title: SD (X) Change () Addition
Name: MASIS, MARIO
Address: 8235 NW 7TH STREET
City-St-Zip: MIAMI, FL 33126

Title: VPD (X) Change () Addition
Name: MARTINEZ, ANA
Address: 8226 NW 8TH STREET
City-St-Zip: MIAMI, FL 33126

Title: DIR () Change (X) Addition
Name: MATUS, NUBIA
Address: 8228 NW 8 ST
City-St-Zip: MIAMI, FL 33126

Title: TRE () Change (X) Addition
Name: CABELLO, SUSANA
Address: 8219 NW 7 ST
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSANA CABELLO

TRE

02/08/2004

Electronic Signature of Signing Officer or Director

Date