

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 769455
 1. Entity Name
AIRPORT LAKE WAREHOUSE CONDOMINIUM ASSOCIATION, INC.




Principal Place of Business Mailing Address
 2030 NW 94TH AVENUE 2030 NW 94TH AVENUE
 MIAMI FL 33172 MIAMI FL 33172

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2355136 Not Applicable

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

6. Name and Address of Current Registered Agent
CAUNEDO JR. AGUSTIN.
2030 NW 94TH AVENUE
MIAMI FL 33172

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 | STD | <input type="checkbox"/> Delete |
| NAME | CAUNEDO JR, AGUSTIN | |
| STREET ADDRESS | 2030 NW 94TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33172 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LEWIS, DONALD M | |
| STREET ADDRESS | 2030 NW 94TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33172 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HOLGUIN, JORGE | |
| STREET ADDRESS | 2030 NW 74 AVE | |
| CITY - ST - ZIP | MIAMI FL 33172 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | RODRIGUEZ, LINDA | |
| STREET ADDRESS | 2030 NW 94TH AVENUE | |
| CITY - ST - ZIP | MIAMI FL 33172 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|-----------------|--|-------------------------------------------------------------------|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Agustin Caunedo Jr - Treasurer* 2/2/2005 305-593-1750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #