


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90072 031 \*\*\*\*61.25

**DOCUMENT # N00000007361**

1. Entity Name  
**FORMATIVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**8049 NW 155TH ST  
 MIAMI LAKES, FL 33016**

Mailing Address  
**8049 NW 155TH ST  
 MIAMI LAKES, FL 33016**



2. Principal Place of Business  
**14160 PALMETTO FRONTAGE RD  
 Suite, Apt. #, etc. PA-32**

3. Mailing Address  
**14160 PALMETTO FRONTAGE RD  
 Suite, Apt. #, etc. PA-32**

01042005 Chg-NP CR2E037 (10/03)

City & State  
**MIAMI LAKES, FL**

City & State  
**MIAMI LAKES, FL**

Zip  
**33016**

Country  
**USA**

Zip  
**33016**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**RINEHART, WAYNE  
 7330 WEST 20TH AVENUE  
 HIALEAH, FL 33016**

7. Name and Address of New Registered Agent

Name  
**WAYNE RINEHART**


Street Address (P.O. Box Number is Not Acceptable)  
**14160 PALMETTO FRONTAGE RD. PH 32**

City  
**MIAMI LAKES**

State  
**FL**

Zip Code  
**33016**

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  **DIRECTOR WAYNE RINEHART** DATE **1-25-05**

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D RINEHART, WAYNE 7330 WEST 20TH AVENUE HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, VICTOR 7330 WEST 20TH AVENUE HIALEAH, FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, GERONIMO 2108 WEST 62ND STREET HIALEAH, FL 33016	<input 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
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	D RINEHART, WAYNE 14160 PALMETTO FRONTAGE RD. #P-32 MIAMI LAKES, FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENITEZ, VICTOR 14160 PALMETTO FRONTAGE RD P-32 MIAMI LAKES FL 33016	<input type="checkbox"/> Change <input 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
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 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:  **WAYNE RINEHART** DATE **1-25-05** DAYTIME PHONE # **305-558-4090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR