


06-03-2004 90002 006 ****61.25

**NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N00386

1. Entity Name
CASA LINDA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5915 WEST 16TH LANE HIALEAH, FL 33012	Mailing Address C/O AMERICA F&H MGT. & REALTY INC. 2011 W. 62 ST. HIALEAH, FL 33016 US
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54056495



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 5903 WEST 16LN	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH	City & State
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4. FEI Number 59-2401307	Applied For Not Applicable
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Zip 33012	Country FLORIDA	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HERNANDEZ, HENRY
 C/O AMERICA F&H MGT & REALTY INC.
 2011 WEST 62 STREET
 HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 AMERICA MANAGEMENT & REALTY, INC.
 City
 2011 WEST 62 ST 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.
 HIALEAH FL 33016

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

FILE NOW - FEE IS \$61.25
 Initial or Amended UBR

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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, REYNALDO 6919 W 16 LANE HIALEAH, FL 33012	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, VIRGINIO 6903 WEST 16 LANE HIALEAH, FL 33012	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JAUDUY, ERICK 6939 WEST 16 LANE HIALEAH, FL 33012	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Angel Sosa 6903 West 16 Lane HIALEAH, FL 33012	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *Virgilio Gonzalez* DATE: 04-26-04 DAYTIME PHONE #: 305-5589820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/02)