

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N00386</b> 1. Entity Name <b>CASA LINDA TOWNHOMES CONDOMINIUM ASSOCIATION, INC.</b>	
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FILED

05 JAN 19 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>5903 WEST 16 LN HIALEAH, FL 33013</b>	Mailing Address <b>C/O AMERICA F&amp;H MGT. &amp; REALTY INC. 2011 W. 62 ST. HIALEAH, FL 33016 US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

12022004 Chg-NP CR2E037 (10/03)

4. FEI Number <b>59-2401307</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**HERNANDEZ, HENRY  
AMERICA MANAGEMENT & 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) \_\_\_\_\_

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

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	Delete <input checked="" type="checkbox"/>	NAME <b>HERNANDEZ, REYNALDO</b> STREET ADDRESS <b>5919 W 16 LANE</b> CITY-ST-ZIP <b>HIALEAH, FL 33012</b>
TITLE	TD	Delete <input checked="" type="checkbox"/>	NAME <b>GONZALEZ, VIRGINIO</b> STREET ADDRESS <b>5903 WEST 16 LANE</b> CITY-ST-ZIP <b>HIALEAH, FL 33012</b>
TITLE	SD	Delete <input checked="" type="checkbox"/>	NAME <b>SOSA, ANGEL</b> STREET ADDRESS <b>5927 WEST 16 LANE</b> CITY-ST-ZIP <b>HIALEAH, FL 33012</b>
TITLE		Delete <input type="checkbox"/>	
TITLE		Delete <input type="checkbox"/>	
TITLE		Delete <input type="checkbox"/>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME <b>Gonzalez, Virginia</b> STREET ADDRESS <b>5903 West 16 Lane</b> CITY-ST-ZIP <b>Hialeah, FL 33016</b>
TITLE	TD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME <b>Sosa, Angel</b> STREET ADDRESS <b>5927 West 16 Lane</b> CITY-ST-ZIP <b>Hialeah, FL 33016</b>
TITLE	SD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME <b>Garcia, Roberto</b> STREET ADDRESS <b>5955 West 16 Lane</b> CITY-ST-ZIP <b>Hialeah, FL 33016</b>
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME <b>700044231027</b> STREET ADDRESS <b>01/06/05--01043--010 **61.25</b> CITY-ST-ZIP
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		Change <input type="checkbox"/> Addition <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)(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:** Virginia Gonzalez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_