

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 FEB 22 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000005257

1. Entity Name
MIRAMAR CONDO ASSOCIATION, INC.



Principal Place of Business
30 SW 11 AVE.
MIAMI, FL 33130

Mailing Address
30 SW 11 AVE.
MIAMI, FL 33130

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02092006

Chg-NP

CR2E037 (11/05)

4. FEI Number
04-3699426

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTINEZ, JOSE
30 SW 11 AVE.
#4
MIAMI, FL 33130

(REF. NO.)
N02000005257

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

Filing Fee is \$61.25
Due by May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MARTINEZ, JOSE
STREET ADDRESS 30 SW 11 AVE.
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 900067378539
CITY-ST-ZIP 03/08/06--01008--014 **61.25

TITLE VP ☐ Delete
NAME GONZALEZ, RAFAELA
STREET ADDRESS 30 SW 11 AVE.
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS NOW MY WIFE OLIMPIA
CITY-ST-ZIP WAS SET IN THE BANK
ACCOUNT OF MIRAMAR CONDO

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS YOU CAN USE
CITY-ST-ZIP THIS CHECK IS OKAY.

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/22/06 Daytime Phone #

K Ecker FEB 22 2006