2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 8:00 am
Secretary of State
07-16-2004 90008 014 ****61.25

66431143

DOCUMENT # N03000000935

1. Entity Name
GERONIMO WAREHOUSE PARK CONDOMINUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
407 LINCOLN ROAD, SUITE 9-L MIAMI, FL 33139	407 LINCOLN ROAD, SUITE 9-L MIAMI, FL 33139

07072004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
13200 S.W. 128 St	13200 S.W. 128 St
Suite, Apt. #, etc. Suite E-1	Suite, Apt. #, etc. Suite E-1
City & State Miami, Fl. 33186	City & State Miami, Fl. 33186
Zip / Country	Zip / Country

4. FEI Number 043720397 ☐ 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
SHEAR, DAVID 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES, FL 33134	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 David Shear Registered Agent 7/9/04
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 September 8, 2004

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WIENER, HAIM 407 LINCOLN ROAD, SUITE 9-L MIAMI, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Geri Garcia 12919 SW 138 Ct Miami, FL 33186	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MARK, DANIA 407 LINCOLN ROAD, SUITE 9-L MIAMI, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Jorge Maldonado 12929 SW 138 Ct. Miami, FL 33186	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALVADOR, LESLIE 407 LINCOLN ROAD, SUITE 9-L MIAMI, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Orlando Perez 13039 SW 133 Ct Miami, FL 33186	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Orlando Perez 7/14/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #