

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000005037**

1. Entity Name  
**MELREESE POINTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**814 NORTHWEST 36TH AVENUE  
SUITE #301  
MIAMI, FL 33125**

Mailing Address

**814 NORTHWEST 36TH AVENUE  
SUITE #301  
MIAMI, FL 33125**



01062006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEL Number

**54-2114535**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required

6. Name and Address of Current Registered Agent

**CASTELL, MARIA  
814 NW 36TH AVE., #301  
MIAMI, FL 33125**

**DO NOT WRITE  
IN THIS SPACE**

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CASTELL, MARIA  
STREET ADDRESS 814 NW 36TH AVE. #301  
CITY-ST-ZIP MIAMI, FL 33125

TITLE VD  
NAME HERNANDEZ, IDALMA  
STREET ADDRESS 814 NW 36TH AVE. #407  
CITY-ST-ZIP MIAMI, FL 33125

TITLE SD  
NAME NAVARRO, GLADYS  
STREET ADDRESS 814 NW 36TH AVE. #306  
CITY-ST-ZIP MIAMI, FL 33125

TITLE TD  
NAME LOPEZ, ALEJANDRO  
STREET ADDRESS 814 NW 36TH AVE. #407  
CITY-ST-ZIP MIAMI, FL 33125

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000385179  
01/18/06-80006-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:

*Maria Castell (President)*

1-11-06 305-649-6697

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #