

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90055 040 ****61.25

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**

60002385



DO NOT WRITE IN THIS SPACE

01062007 No Chg-NP CR2E037 (4/06)

4. FEI Number
54-2114535

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee 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: *Maria Castell*

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~VE T-S D~~
HERNANDEZ, IDALMA
814 NW 36TH AVE. #407
MIAMI, FL 33125**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-06

Date

305-648-6687

Daytime Phone #