2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # N04000006814 02-06-2006 90083 028 ****50.00 TIFAMA ESTATES HOMEOWNER'S ASSOCIATION, INC. 02-24-2006 90016 020 ****11.25 Principal Place of Business Mailing Address 2831 EXCHANGE COURT 2831 EXCHANGE COURT SUITE A WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, CARLOS M Street Address (P.O. Box Number is Not Acceptable) 2831 EXCHANGE COURT SUITE A WEST PALM BEACH FL 33409 City 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent ingressive received whos reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Due By May 1, 2005". Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE Delete CASTANEDA, JORGÉ E NAME NAME 2831 EXCHANGE COURT, SUITE A STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE D Delete ☐ Change ☐ Addition GONZALEZ, CARLOS M NAME NAME 2831 EXCHANGE COURT, SUITE A STREET ADORESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-71P TITLE ☐ Defete ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Add:tion NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP thing does not quality for the exemptions contained in Section 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or directored to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 pail other like empowered. 12. I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver of trustee employed if changed, or on an attachment with an analysis. SIGNATURE:

TED HAME OF SIGNING OFFICER OF DIRECTOR

FILED

Feb 24, 2006 8:00 am



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2006

TIFAMA ESTATES HOMEOWNER"S ASSOCIATION, INC. 2831 EXCHANGE COURT SUITE A WEST PALM BEACH, FL 33409

Subject: TIFAMA ESTATES HOMEOWNER'S ASSOCIATION, INC.

Reference Number:

N04000006814

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed nonprofit annual report/uniform business report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$11.25.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JE ANNUAL REPORTS SECTION