


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-06-2006 90023 045 ****61.25

DOCUMENT # N05000010360			
1. Entity Name NAVARRE PARK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 290 NAVARRE AVENUE CORAL GABLES, FL 33134		Mailing Address 1000 BRICKELL AVENUE SUITE 905 MIAMI, FL 33129	
2. Principal Place of Business		3. Mailing Address P.O. Box 452124.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City, State Miami, FL	
Zip	Country	Zip	Country
		33245	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACHADO, CARLOS M 2030 DOUGLAS ROAD SUITE 210 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PT <input type="checkbox"/> Delete	TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JORGE	NAME	
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 905	STREET ADDRESS	801 Brickell Ave. Suite 880
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	Miami, FL 33131
TITLE	VPS <input type="checkbox"/> Delete	TITLE	VPSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASANOVA, YALIS	NAME	
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 905	STREET ADDRESS	801 Brickell Ave Suite 880
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	Miami, FL 33131
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	RODRIGUEZ, JORGE	NAME	
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 905	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	
NAME	CASANOVA, YALIS	NAME	
STREET ADDRESS	1000 BRICKELL AVENUE, SUITE 905	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33129	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	ROMERO, MARIO	NAME	
STREET ADDRESS	290 NAVARRE AVENUE #205	STREET ADDRESS	801 Brickell Ave. Suite 880
CITY-ST-ZIP	CORAL GABLES, FL 33134	CITY-ST-ZIP	Miami, FL 33131
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____		JORGE RODRIGUEZ/PRES. 4/1/06 305-371-5400	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	