2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

May 09, 2005 8:00 am DOCLIMENT # N07476 Secretary of State 05-09-2005 90295 035 ****61.25 MIDWAY MANSIONS TOWNHOMES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address **7989 NW 7 STREET** PO BOX 440067 4100000 **MIAMI FL 33144** MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) Applied For City & State 4. FEI Number City & State 59-2615011 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Frank Perez=Siam HERNANDEZ, LUIS Street Address (P.O. Box Number is Not Acceptable) 7001 SW 87 Ct 11890 SW 8 STREET SUITE 401 MIAMI FL 33184 Miami 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 (NOTE Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD P/D TITLE ☐ Delete TITLE ☐ Addition VALCARCEL, BARBARA NAME NAME VALCARCEL, Barbara 7989 NW 7 STREET, #B-2 STREET ADDRESS STREET ADDRESS 7001 SW 87 Ct MIAMI FL 33126 CITY-ST-7IP CITY-ST-7IP Miami, Fl. 33173 VPD Change TITLE TITLE Delete ☐ Addition LEON, NORMA NAME NAME 7989 NW 7 STREET, #B-6 STREET ADDRESS STREET ADDRESS MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP SD S/D ☐ Delete X Change ☐ Addition TITLE TITLE GANEM, RAFAEL NAME NAME GANEM, Rafael 6971 NW 82 AVE STREET ADDRESS STREET ADDRESS 7001 SW 87 CT **MIAMI FL 33166** CITY-ST-ZIP CITY-ST-ZIP <u> Miami. Fl. 33173</u> TITLE ☐ Delete TITLE X Change ☐ Addition T/D PULIDO, REGLA NAME NAME PULIDO, Regla 7001 SW 87 Ct 7993 NW 7 STREET, #E-1 STREET ADDRESS STREET ADDRESS **MIAMI FL 33126** CITY-ST-ZIP CITY-ST-ZIP Miami, Fl. 33173 Delete X Change Addition TITLE TITLE TRELLES, BLANCA NAME NAME TRELLES, Blanca 7989 NW 7 STREET, #D-1 STREET ADDRESS STREET ADDRESS 7001 SW 87 Ct MIAMI FL 33126 CITY-ST-ZIP CITY-ST-ZIP Miami. Fl. 33173 ☐ Delete TITLE ☐ Change ☐ Addition MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED