

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90150 017 ****61.25

DOCUMENT # N11990

1. Entity Name
**EL SEVILLANITO TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**5990 W 18TH AVENUE
HIALEAH, FL 33012**

Mailing Address
**1696 W 57TH ST
HIALEAH, FL 33012**

24068884



2. Principal Place of Business

3. Mailing Address
900 W. 49 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
220

04262004 Chg-NP CR2E037 (10/03)

City & State

City & State
Hialeah, Fl.

4. FEI Number
55-5231939

Applied For
Not Applicable

Zip

Country

Zip
33012

Country

Miami-Dade

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BESTEIRO, RICARDO
1696 W 57 TERRACE
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name
Clemente J. Delatorre

Street Address (P.O. Box Number is Not Acceptable)

900 W. 49 St.

Ste. 220

City

Hialeah, Fl. 33012

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

[Signature]

4/19/2004

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **BESTEIRO, RICARDO**
STREET ADDRESS **5990 W 18TH AVENUE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **VPD** ☒ Delete
NAME **ORTIZ, CECILIA**
STREET ADDRESS **5990 W 18TH AVENUE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **T** ☒ Delete
NAME **GUERRA, SURAMA**
STREET ADDRESS **5990 W 18TH AVENUE**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition
NAME **CECILIA GALLARDO**
STREET ADDRESS **5908 W. 18 AVE B-5**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE **TD** ☐ Change ☒ Addition
NAME **FANNY PEÑA**
STREET ADDRESS **5964 W. 18 AVE B-3**
CITY-ST-ZIP **HIALEAH, FL 33012**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #