## **FILE NOW: FILING FEE IS \$61.25**

✓ NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

**DOCUMENT # N32839** 

## EL PRADO XI CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2151 LE JEUNE RD. #305 CORAL GABLES FL 33134

2. Principal Place of Business

1. Corporation Name

Mailing Address P.O. BOX 144935

2a. Mailing Address

CORAL GABLES FL 33114-4935

26

## **FILED** Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90180 026 \*\*\*\*61.25

|--|

3. Date Incorporated or Qualifed

06/15/1989

21		26			06/15/1989			
	Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Applied For		
22	27				65-0156466	Not	Applicable	
City & State City & State					5. Certificate of Status Desired	\$8.75 A		
28					3. Certificate of Status Desired	Fee Re	quired	
Zip	Country Zip			******	6. Election Campaign Financing	\$5.00	May Be	
24	25 29 30				Trust Fund Contribution	. Added to	Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
			81	Name				
SPM GROUP INC				Street Addre	ess (P.O. Box Number is Not Acceptable)			
% EDUARDO ROTUNDO				000000				
% EDUARDO NOTORIDO 2151 LE JUENE RD., #305							:	
CORAL GABLES FL 33134				0.4	<u> </u>	85 Zip C	abo'	
****				City	· Fi		ŧ	
11. Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes,	, the above	-named corpo	pration submits this statement for the purpose of	f changing its	registered	
office or r	egistered agent, or poth, in the State of	of Florida. Such change was auth	nonzed by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	ointment as reg	gistered	
agent. I a	im familiar with and occeptine obligat	ED (14.4.1)	a Statutes	100/	XIANA (-1)	1191	99	
SIGNATURE Signature required when reinstating)  DATE								
12.	OFFICERS ANI		13.	-	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	
NAME	GOMEZ, GUADALUPE		1.2 NAME					
STREET ADDRESS	7702 W. 29 WAY 101	1.3 \$		ADORESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY- \$1	-ZIP		,		
TITLE	VPD	☐ DELETE	2.1 TITLE		0	Change	☐ Addition	
NAME	MARCANO, MARITZA		2.2 NAME	lu i	ARCAUD MARITZA			
STREET ADDRESS	7 <del>825 W 29 WAY 10</del> 2		2.3 STREET	ADDRESS 7	ARCAUD MARITZA	2		
	HIALEAH FL	^	2.4 CITY-S	7-7IP	ialeah FI 3301	3		
CITY-ST-ZIP -	TD	DELETE	3.1 TITLE			Change	Addition	
NAME.			3.2 NAME					
	7922 W 29TH WAY #102		3.3 STREET	ADORESS	•			
STREET ADDRESS	HIALEAH FL		3.4. CITY-S			_	Ì	
CITY-ST-ZIP TITLE	SD SD	☐ DELETE	4.1 TITLE	=	D -	Change	Addition	
	1 1 1	<u> </u>	4.2 NAME	~	TORAles SERGI 670 W 29 Way H Talech Fl 330	0		
NAME	HORALES, SERGIO 7670 W 29TH WAY #102		4.3 STREET	ADDRESS -7	670W 29 Way #	501		
STREET ADDRESS	HIALEAH FL 33018		4.4 CITY-S	LZID L	alech El 330	1 d?.		
CITY-ST-ZIP	TIMLEATI FL 33010	☐ DELETE	5.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Addition	
	)		5.2 NAME		•		_	
NAME			5.3 STREET	ADDRESS		, ,		
STREET ADDRESS			5.4 CITY-S			٠, د	ſ	
CITY-ST-ZIP			6.1 TITLE	-		☐ Change	☐ Addition	
TITLE			6.2 NAME			,	-	
NAME			6.3 STREET	ADDRESS				
STREET ADDRESS			64 C/TY-S					
	,		= 0.4 U/I T∗S	-487 I	•			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: (