

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N94000005676 1. Entity Name TRANSAL PARK PROPERTY OWNERS' ASSOCIATION, INC.	
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Principal Place of Business % TRANSAL CORP. 2121 SW 3RD AVE., 8TH FL MIAMI, FL 33129 US	Mailing Address % TRANSAL CORP. 2121 SW 3RD AVE., 8TH FL MIAMI, FL 33129 US
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03082007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0747679	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent POMA, ERNESTO 2121 SW 3RD AVE., 8TH FL TALLAHASSEE, FL 33129	DO NOT WRITE IN THIS SPACE
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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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000689696
04/11/07-80042-018 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POMA, ERNESTO 2121 SW 3RD AVE., 8TH FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PITA, RODOLFO 2121 SW 3RD AVE., 8TH FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIMENEZ, LUIS 2121 SW 3RD AVE., 8TH FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07

Date

Daytime Phone #