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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 (Secretary of State)
 DIVISION OF CORPORATIONS

DOCUMENT # **N99000005021**

1. Corporation Name

POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC.

C0041491

Principal Place of Business Mailing Address
7380 SW 152 AVE MIAMI, FLORIDA 33193 **7154-B SW 47 STREET MIAMI, FLORIDA 33155**

3. Date Incorporated or Qualified
08-23-1999

4. FEI Number **65-0998586** Applied For: Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 **SAME** 26 **SAME**

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

Suite, Apt., etc. 27
7376 SW 152 AVE.

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

City & State 28
MIAMI, FLORIDA 33193

7. Is this nonprofit corporation a homeowners association? Yes No

Zip Country 29 30
 Zip Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VICTOR SEIJAS
13699 SOUTH WEST 142 TERRACE
MIAMI, FLORIDA 33186

81 Name **CADICORP MANAGEMENT GROUP**
 82 Street Address (P.O. Box Number is Not Acceptable) **7154-B SOUTH WEST 47TH ST.**
 83
 84 City **MIAMI** FL 85 **33155**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: **03-23-2001**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SEIJAS VICTOR
STREET ADDRESS	1401 PONCE DE LEON BLVD
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D SEIJAS CECILIA
STREET ADDRESS	1401 PONCE DE LEON BLVD
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D VINAS CATALINA
STREET ADDRESS	1401 PONCE DE LEON BLVD
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D MALVIS E. LABRADA
1.3 STREET ADDRESS	7380 SW 152 AVE, MIAMI, FL33193
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	T/VP/D JAMEDA LOPEZ
2.3 STREET ADDRESS	7376 SW 152 AVE, MIAMI, FL33193
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S/D DAISY FERNANDEZ
3.3 STREET ADDRESS	7392 SW 152 AVE, MIAMI, FL33193
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attached sheet with an address.

SIGNATURE: _____ DATE: **03-23-2001** (305) 668-4800

CR2E037 (10/97)