

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

3/15/2004-90045-009-\$61.25-\$61.25


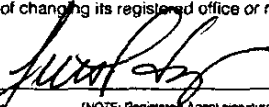

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

DOCUMENT # N99000005021			
1. Entity Name POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7376 SW 152 AVENUE MIAMI FL 33193		Mailing Address 7376 SW 152 AVENUE MIAMI FL 33193	
2. Principal Place of Business		3. Mailing Address P.O. Box 440067	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami, Fl.	
4. FEI Number 51-0486414		Applied For Not Applicable	
Zip 33144		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ, JESUS R 11936 SW 8TH ST MIAMI FL 33184		7. Name and Address of New Registered Agent Name HERNANDEZ, Luis Street Address (P.O. Box Number is Not Acceptable) 11890 SW 8 Street Suite 301 City Miami FL Zip Code 33184	
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 		DATE 03/09/04	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOPEZ, JAMEIDA 7376 SW 152 AVENUE MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD TD VILORIA NINOSKA 7380 SW 152 Ave MIAMI FL 33193 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD VILORIA, NINOSKA 7380 SW 152 AVENUE MIAMI FL 33193 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MIRO, JOSE 7360 SW 15 AVE MIAMI FL 33193 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 03/09/04 DAYTIME PHONE #: (305)553-4731	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	