


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

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

**DOCUMENT # N99000005021**  
 1. Entity Name  
**POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC.**



FILED

04 MAR 30 AM 9:50

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



MOORE CR2E037 (11/03)

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  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 440067**  
 Suite, Apt. #, etc.

City & State  
**Miami, Fl.**

4. FEI Number  
**51-0486414**

Applied For  
 Not Applicable

Zip  
**33144**

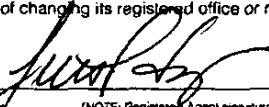
Country  
**USA**

5. Certificate of Status Desired  **\$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.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

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 VILORIA, NINOSKA 7380 SW 152 AVENUE MIAMI FL 33193	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>TD MIRO, JOSE 7360 SW 15 AVE MIAMI FL 33193</del>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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