

# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## FILED

08 SEP 15 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



06122008 Chg-NP OR2E037 (12/06)

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 - If no P.O. Box # 7376 SW 152 AVE.		3. Mailing Address 7376 SW 152 AVE.	
State / Apt. #, etc.		State / Apt. #, etc.	
City & State Miami FL.		City & State Miami FL.	
Zip 33193		Country USA	
4. FEI Number 65-0998586		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTON, EMIRE 7366 SW 152 AVENUE MIAMI, FL 33193		7. Name and Address of New Registered Agent Name: JUAN A. SANCHEZ P.A. Street Address (P.O. Box Number, if Not Applicable): 10251 SW 72 ST #A104 City: Miami FL FL Zip Code: 33173	
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: 6/12/2008	
Amenended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: LOPEZ, JAMEIDA STREET ADDRESS: 7376 SW 152 AVENUE CITY-STATE-ZIP: MIAMI, FL 33193	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: CANTON, EMIRE STREET ADDRESS: 7366 SW 152 AVE CITY-STATE-ZIP: MIAMI, FL 33193	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SCTR NAME: RODRIGUIZ, ALEIRLA STREET ADDRESS: 7392 SW 152 AVE CITY-STATE-ZIP: MIAMI, FL 33142	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-STATE-ZIP:	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-STATE-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 exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included 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 my address, with all other like empowered.			
SIGNATURE:		DATE: 09/08/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

9/16/08