

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003873 (5)

1. Corporation Name

3375/3377 SW 29 STREET CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

2100 PONCE DE LEON BLVD., STE. 1170  
CORAL GABLES FL 33134

2100 PONCE DE LEON BLVD., STE. 1170  
CORAL GABLES FL 33134

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

ALONSO-POCH, MANUEL  
2100 PONCE DE LEON BLVD., STE. 1170  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

08/14/1995

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?



Yes



No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ALONSO-POCH, MANUEL  
STREET ADDRESS 2100 PONCE DE LEON BLVD., STE. 1170  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE  
NAME ALONSO, MANUEL  
STREET ADDRESS 2817 SW 37 CT.  
CITY-ST-ZIP MIAMI FL 33134

TITLE D ☒ DELETE  
NAME ALONSO III, MANUEL  
STREET ADDRESS 5301 SW 62ND AVE.  
CITY-ST-ZIP MIAMI FL 33155

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VICE PRESIDENT ☐ Change ☐ Addition  
2.2 NAME 600004416875-1  
2.3 STREET ADDRESS -06/13/01--01010--025  
2.4 CITY-ST-ZIP \*\*\*\*\*420.00 \*\*\*\*\*420.00

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE MARIA POCH ☐ Change ☒ Addition  
4.2 NAME 2817 SW 37 CT  
4.3 STREET ADDRESS MIAMI, FLORIDA 33134 PRES DIR  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME D Richard Edwin  
5.3 STREET ADDRESS 2817 SW 37th Court  
5.4 CITY-ST-ZIP miami, fl. 33134

6.1 TITLE ☐ Change ☐ 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 attachment with an address.

SIGNATURE:

Manuel Poch, President

3/21/01

305 445 1230

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