2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N08269

1. Entity Name
THE PORTICOS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15439 SW 80 STREET #105 MIAMI, FL 33193 US	15439 SW 80 STREET #105 MIAMI, FL 33193 US

01262005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0433845
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SANTOS, ZORAIDA
15439 SW 80 STREET
#105
MIAMI, FL 33193

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANTOS, ORAIDA
STREET ADDRESS	14833 SW 80ST. #104
CITY-ST-ZIP	MIAMI, FL 33153
TITLE	SD
NAME	RODRIGUEZ, OSVALDO
STREET ADDRESS	8855 SW 27 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	SANTOS, ZORAIDA C
STREET ADDRESS	14833 SW 80 ST 202
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	TD
NAME	SANCHEZ, CARIDAD
STREET ADDRESS	14833 SW 80 ST #104
CITY-ST-ZIP	MIAMI, FL 33193
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/05-80096-010 61.25

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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: Zoraida Santos 4/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #