


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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|---|--|--|---|
| DOCUMENT # N94000003090 | |  | |
| 1. Entity Name RETENTION PONDS PROPERTY OWNERS ASSOCIATION, INC. | | | |
| Principal Place of Business 115 S.E. 2ND ST 2ND FLOOR MIAMI, FL 33131 | | Mailing Address 8081 NW 74TH ST MEDLEY, FL 33166 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DEMOS, ANGELO P 1101 BRICKELL AVE SUITE 1700 MIAMI, FL 33131 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 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 | PSD GOVANTES, CARLOS 115 SE 2ND ST 2ND FLOOR MIAMI, FL 33110239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1000000430800 02/22/06-80060-016 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COSTANTINO, TEODORO 115 S.E. 2ND STREET., 2ND FL MIAMI, FL 33131 <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 | D COSTANTINO, PANAGIOTIS 115 S.E. 2ND STREET., 2ND FL MIAMI, FL 33131 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 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: <u>Carlos Govantes</u> | | Date: <u>1 Feb 2006</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |

