

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90181 046 ****61.25

DOCUMENT # N29022

1. Entity Name
ANGELICA GARDENS HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**8440 NW 190 TERR
HIALEAH, FL 33015-5370 US**

Mailing Address
**8440 NW 190 TERR
HIALEAH, FL 33015-5370 US**

60022329



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0133276

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134**

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

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, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME PERULLAS, MIGUEL
STREET ADDRESS 19045 NW 85 AVENUE
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HEALY III, JOHN F
STREET ADDRESS 8497 NW 191 STREET
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☒ Delete
NAME PUGLIESE, MYRIAM
STREET ADDRESS 8263 NW 188 TERRACE
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☒ Addition
NAME HARVEY, RICHARD
STREET ADDRESS 8631 NW 191 STREET
CITY-ST-ZIP MIAMI, FL 33015

TITLE TD ☐ Delete
NAME NORDHAGEN, DAVID
STREET ADDRESS 8489 NW 191 ST
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BSALES, ALEX
STREET ADDRESS 18810 NW 84 AVE
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☒ Change ☐ Addition
NAME BSALES, ALEX
STREET ADDRESS 18810 NW 84 AVE
CITY-ST-ZIP MIAMI, FL 33015

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *John F Healy III* John F Healy III VP

3-4-06 (305) 742-8442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #