

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90316 008 ****61.25

DOCUMENT # 728578

1. Entity Name
THE CLINTON ASSOCIATION, INC.



Principal Place of Business
**6545 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141**

Mailing Address
**6545 INDIAN CREEK DRIVE
MIAMI BEACH, FL 33141**

60025169



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1521822

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**MILANES, DOLORES
6545 INDIAN CREEK #209
MIAMI, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME **TD**
LAGO, MARIA E. ROSE QUINTANA
STREET ADDRESS
CITY- ST- ZIP **6545 INDIAN CREEK DR #609-203
MIAMI, FL 33141**

TITLE
NAME **PD**
MILANES, DOLORES
STREET ADDRESS
CITY- ST- ZIP **6545 INDIAN CREEK DR #209
MIAMI, FL 33141**

TITLE
NAME **VP**
ALVARREDA, OSCAR
STREET ADDRESS
CITY- ST- ZIP **6545 INDIAN CREEK APT 503
MIAMI BEACH, FL 33141**

TITLE
NAME **SD**
LANGE, ALICIA
STREET ADDRESS
CITY- ST- ZIP **6545 INDIAN CREEK #205
MIAMI, FL 33141**

TITLE
NAME **BM**
COSTALES, GLADYS
STREET ADDRESS
CITY- ST- ZIP **1623 COLLINS AVE., #714
MIAMI BEACH, FL 33139**

TITLE
NAME **D**
ROSENFELD, ROBERTO
STREET ADDRESS
CITY- ST- ZIP **6545 DIBIAN CREEK DR #304
MIAMI BEACH, FL 33141**

**DO NOT WRITE
IN THIS SPACE**

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:

Dolores Milanes - President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4 04 06

Daytime Phone #