

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90039 045 \*\*\*\*61.25

**DOCUMENT # N01000003972**

1. Entity Name  
**FUTURA, CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**401 NW 72 AVENUE  
MIAMI, FL 33126**

Mailing Address  
**305 ALCAZAR AVE  
CORAL GABLES, FL 33134**

**40028580**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262007

Chg-NP

CR2E037 (12/06)

4. FEI Number

**65-0893662**

Applied For

Not Applicable

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

**VILAR PROPERTY MANAGEMENT  
305 ALCAZAR AVENUE  
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, 2007**

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  
NAME TRESPALACIOS, RAMON ☒ Delete  
STREET ADDRESS 401 NW 72 AVENUE #209  
CITY-ST-ZIP MIAMI, FL 33126

TITLE PD ☒ Change ☒ Addition  
NAME REBOLLO, SERGIO  
STREET ADDRESS 403 NW 72 AVE, #314  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VD ☒ Delete  
NAME MARTIN, ELLIETTE  
STREET ADDRESS 403 NW 72 AVENUE #207  
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE TD ☐ Delete  
NAME PONCE, IRMA  
STREET ADDRESS 401 NW 72 AVENUE #402  
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE SD ☐ Delete  
NAME DOMINGUEZ, LOURDES  
STREET ADDRESS 401 NW 72 AVENUE #102  
CITY-ST-ZIP MIAMI, FL 33126

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

TITLE AS ☒ Delete  
NAME DIAZ, ANA C  
STREET ADDRESS 401 NW 72 AVENUE # 319  
CITY-ST-ZIP MIAMI, FL 33126

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FUTURA CONDOMINIUM ASSOC, INC**

**401/403 NW 72ND AVENUE**

**MIAMI FLORIDA 33126-5800**

Date

Daytime Phone #

**3/11/07 305-662-7281**