

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2008 08:00 AM
Secretary of State

DOCUMENT # N29022

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



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

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



01122008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0133276

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE SD
NAME BSALES, ALEX
STREET ADDRESS 18810 NW 84 AVENUE
CITY-ST-ZIP MIAMI, FL 33015

TITLE D
NAME GOMEZ, RICHARD
STREET ADDRESS 8600 NW 190 TERRACE
CITY-ST-ZIP MIAMI, FL 33015

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000786435
01/17/08-80040-019 61.25

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

John F Healy III UP 1-12-08 (305) 495-6099