

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90046 022 ****61.25

DOCUMENT # N05000005265

1. Entity Name
235 ANTILLA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**10556 NW 26TH ST
SUITE D-203
DORAL, FL 33172**

Mailing Address
**10556 NW 26TH ST
SUITE D-203
DORAL, FL 33172**



02072008 Chg-NP CR2E037 (12/06)

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

4. FEI Number
20-4545798

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent

**ARROM, ORLANDO
10556 NW 26TH ST
SUITE 100
DORAL, FL 33172**

7. Name and Address of New Registered Agent

Name
Arrom, Orlando
Street Address (P.O. Box Number is Not Acceptable)
10556 NW 26th St.
Suite D203
City
Doral FL Zip Code
33172

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, 2008**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	BRANTLY, JESSICA	
STREET ADDRESS	235 ANTILLA AVENUE #6	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELLO, ANTHONY	
STREET ADDRESS	235 ANTILLA AVE #9	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARRERO, ANA	
STREET ADDRESS	235 ANTILLA AVE #12	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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, changed, or on an attachment with an address, with all other like empowered.