

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19962

**FILED**  
**Jan 26, 2017**  
**Secretary of State**  
**CC1319528056**

**Entity Name:** 24TH AVENUE HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

20120 W OAKMONT CIRCLE  
MIAMI, FL 33015

**Current Mailing Address:**

20120 W OAKMONT CIRCLE  
MIAMI, FL 33015 US

**FEI Number:** 65-0128302

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAAD, CARIDAD  
20120 W OAKMONT CIRCLE  
MIAMI, FL 33015 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SAAD, JOSE  
Address 20120 W OAKMONT CIRCLE  
City-State-Zip: MIAMI FL 33015

Title TD  
Name SAAD, CARIDAD  
Address 20120 W OAKMONT CIRCLE  
City-State-Zip: MIAMI FL 33015

Title SD  
Name SAAD, ABRAHAM  
Address 20120 W OAKMONT CIRCLE  
City-State-Zip: MIAMI FL 33015

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARIDAD SAAD

SD

01/26/2017

Electronic Signature of Signing Officer/Director Detail

Date