

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-31-2006 90015 047 ****61.25

DOCUMENT # 724518

1. Entity Name
CAPE FLORIDA CLUB CONDOMINIUM, PHASE II, INC.



Principal Place of Business
14275 SW 142 PL
MIAMI, FL 33186 US

Mailing Address
MMI
14275 SW 142 AVE.
MIAMI, FL 33186 US

50007504



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-NP

CR2E037 (11/05)

4. FEI Number

59-1438911

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

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
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, 2006

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 ☐ Delete
NAME TRIAY, MIGUEL
STREET ADDRESS 210 SEAVIEW DR., #204
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE PD ☒ Change ☐ Addition
NAME TRIAY, MIGUEL
STREET ADDRESS 210 SEAVIEW DR #204
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE VP ☐ Delete
NAME FIEUEVOA, LYDIA
STREET ADDRESS 210 SEAVIEW DR., #404
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE SD ☒ Change ☐ Addition
NAME FIGUEROA, LYDIA
STREET ADDRESS 210 SEAVIEW DR #404
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE SD ☒ Delete
NAME DESCHIEVA, INES
STREET ADDRESS 210 SEAVIEW DR., #202
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE D ☐ Change ☒ Addition
NAME MARTINEZ-FONTS, PEDRO A.
STREET ADDRESS 210 SEAVIEW DR #306
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE D ☐ Delete
NAME DECORDOBA, PEDRO
STREET ADDRESS 210 SEAVIEW DR., #411
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE VD ☒ Change ☐ Addition
NAME DE CORDOBA, PEDRO
STREET ADDRESS 210 SEAVIEW DR #411
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE TD ☐ Delete
NAME OLGA, TRIAY
STREET ADDRESS 210 SEAVIEW DRIVE #206
CITY-ST-ZIP KEY BISCAVNE, FL 33149

TITLE TD ☒ Change ☐ Addition
NAME TRIAY, OLGA
STREET ADDRESS 210 SEAVIEW DR #206
CITY-ST-ZIP KEY BISCAVNE, FL 33149

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: *Olga A. Triay - Treasurer - 2-22-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #