

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90082 044 ****61.25

DOCUMENT # 726325 1. Entity Name N & M TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7502 SW 58TH AVE MIAMI FL 33143 US		Mailing Address 7502 SW 58TH AVE MIAMI FL 33143 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-1501342				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCAIN, SHARON 7502 SW 58TH AVE MIAMI FL 33143			7. Name and Address of New Registered Agent 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					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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		TITLE	☐ Change ☐ Addition	
NAME	MCCAIN, SHARON		NAME		
STREET ADDRESS	7502 SW 58TH AVE		STREET ADDRESS		
CITY-ST-ZIP	S MIAMI FL 33143		CITY-ST-ZIP		
TITLE	TD ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	POPHAM, ERIK		NAME		
STREET ADDRESS	7516 SW 58TH AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP		
TITLE	SD ☒ Delete		TITLE	SD ☐ Change ☒ Addition	
NAME	SO, MARY JUNE		NAME	Damaso, Lourdes	
STREET ADDRESS	7530 SW 58TH AVE		STREET ADDRESS	7512 S.W. 58th Ave	
CITY-ST-ZIP	MIAMI FL 33143		CITY-ST-ZIP	Miami, FL 33143	
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Sharon McCain</i>			<i>Sharon McCain</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/11/2004		
			Daytime Phone # 305-661-6173		