

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

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
---	---

DO NOT WRITE IN THIS SPACE

01212008 No Chg-NP CR2E037 (4/08)

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**

**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 Sharon McCain Sharon McCain 1/29/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) 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
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCAIN, SHARON 7502 SW 58TH AVE S MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAMASO, LOURDES 7512 SW 58TH AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA-FERRADA, MARTA 7514 S.W. 58 AVE MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000807152
02/06/08-80070-008 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: Sharon McCain Sharon McCain 1/29/2008 305-661-6173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #