

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 12, 2004  
Secretary of State**

DOCUMENT# 726594

Entity Name: ALMERIA GARDENS CONDOMINIUM, INC.

**Current Principal Place of Business:**

11900 SW 73 AVE  
PINECREST, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 565853  
PINECREST, FL 33256

**New Mailing Address:**

FEI Number: 59-1595663      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HAYS, MAGGIE  
11900 SW 73 AVE  
PINECREST, FL 33156 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CAVEDA, MARIA S  
Address: 34 ALMERIA AVE UNIT 10  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: REVUELTA, RENE  
Address: 30 ALEMRIA AVE UNIT 8  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: CASTELLANOS, ADA  
Address: 724 PALERMO AVE  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: ALIBERTI, MICHAEL  
Address: 1807 NE 18TH ST  
City-St-Zip: FT LAUDERDALE, FL 333053401

Title: ASAT ( ) Delete  
Name: HAYS, MARGARITA R  
Address: 11900 SW 73 AVE  
City-St-Zip: PINECREST, FL 33156 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MAGGIE HAYS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

ASAT

02/12/2004

\_\_\_\_\_  
Date