

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726594

FILED
Mar 23, 2009
Secretary of State

Entity Name: ALMERIA GARDENS CONDOMINIUM, INC.

Current Principal Place of Business:

34 ALMERIA AVE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 566171
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, MARGARITA R ASAT
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: D () Delete
Name: CAVEDA, MARIA S
Address: 34 ALMERIA AVE UNIT 10
City-St-Zip: CORAL GABLES, FL 33134

Title: P () Delete
Name: REVUELTA, RENE
Address: 2018 SW 16 STREET
City-St-Zip: MIAMI, 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 exemption stated 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 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: MARGARITA R HAYS

Electronic Signature of Signing Officer or Director

ASAT

03/23/2009

Date