2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2006 8:00 am Secretary of State

ANNUAL REPURI				Secretary of State			
DOCUMENT # 728502					02-28-2006 900	-	
1. Entity No.	^{ame} E TERRACE CONDOMINIUM A	SSOCIATION, INC.					
Principal Pl	lace of Business	Mailing Address		1			•
1801 N.E.		PO BOX 143362					
#403		MIAMI, FL 33114 US				50000	470
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6. Name and Address of Current Registered Agent							TALL MEET
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DELGADO, JOAQUIN R. WOODS MANAGEMENT				· DO	NOT W	$RILE_{\mathcal{A}}$	
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HIALEAH, FL 33010				ratin.	THIS SP	AUE	
			4.3				
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 obliga	ations of registered agent.	to perpose or origing its regist.	area cinico or registare	ogom, or bo	, in the elete of 7 len	ou, rum igninu	i i
DIONIA TIADE	·				•		. [
SIGNATURE	Signature, typed or printed name of registered agent and	title If applicable. (NOTE: Registe	red Agent signature required	when reinstating)		DATE	
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Final Trust Fund Contribution		00 May Be d to Fees			
10.	OFFICERS AND DIR	ECTORS	1.00	. 18 2.3	Martin way	The state of the state of	History and
TITLE	DVP					3 1444 3	
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	MIAMI, FL 33132						
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12. Thereby 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 suppliergental report is true and accurate and that my signature shall have the same legal effect as if made under only, that I chapter of the corporation or the receiver of 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

STREET ADDRESS CITY-ST-ZIP

UPE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #