

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

02-28-2006 90015 002 ****61.25

DOCUMENT # 728502

1. Entity Name
IVETTE TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**1801 N.E. 4TH AVE
#403
MIAMI, FL 33112 US**

Mailing Address

**PO BOX 143362
MIAMI, FL 33114 US**

50000470



02152006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2031109

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DELGADO, JOAQUIN R.
WOODS MANAGEMENT
2740 W 5 AVE
HIALEAH, FL 33010**

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	SERRANO, FRANKLIN
STREET ADDRESS	1801 NE 4TH AVE
CITY-ST-ZIP	MIAMI, FL 33132
TITLE	PD
NAME	MACHADO, MARIO
STREET ADDRESS	1801 NE 4 AVE, #404
CITY-ST-ZIP	MIAMI, FL
TITLE	DST
NAME	DEMASCOLA, GUY
STREET ADDRESS	10990 SW 34 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #