

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-05-2008 90029 003 ****61.25

DOCUMENT # 729051

1. Entity Name
MIRAMAR TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1051 S.W. 1ST STREET
MIAMI, FL 33130**

Mailing Address
**1051 S.W. 1ST STREET
MIAMI, FL 33130**

66005177



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02112008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-1549190

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLAVELL, ROBERT
2701 PONCE DE LEON BLVD
SUITE 302
CORAL GABLES, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Juan Perez

3-24-2008

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☐ Delete
NAME	PEREZ, JUAN M	
STREET ADDRESS	1051 SW 1ST STREET	
CITY-STATE-ZIP	MIAMI, FL 33130	
TITLE	T	☐ Delete
NAME	RODRIGUEZ, DAVIO A	
STREET ADDRESS	1031 SW 1ST STREET	
CITY-STATE-ZIP	MIAMI, FL 33130	
TITLE	SD	☐ Delete
NAME	MUSTELL, LORENZO	
STREET ADDRESS	1051 SW 1ST STREET	
CITY-STATE-ZIP	MIAMI, FL 33130	
TITLE	VPO	☐ Delete
NAME	ZAMORA, MODESTO	
STREET ADDRESS	1051 SW 1ST STREET, APT #311	
CITY-STATE-ZIP	MIAMI, FL 33130	
TITLE	S	☐ Delete
NAME	CUELLAT, NORA	
STREET ADDRESS	651- SW 1ST	
CITY-STATE-ZIP	MIAMI, FL 33130	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

Juan Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/08

TYPE

Daytime Phone #