

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90196 048 ****61.25

DOCUMENT # 729649

1. Entity Name
FIFTH AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
515 S.W. 3RD ST. APT. 2
MIAMI, FL 33130

Mailing Address
515 S.W. 3RD ST. APT. 2
MIAMI, FL 33130

40085927



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04102007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1865737

Applied For
Not Applicable

Zip

Country

Zip

Country

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

RIOS, WILLIAM
515 S.W. 3RD ST. #2
MIAMI, FL 33130

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 *X*

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, 2007**

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

TITLE SD ☐ Delete
NAME RIOS, WILLIAM
STREET ADDRESS 515 SW 3RD ST. APT 2
CITY-ST-ZIP MIAMI, FL

TITLE PD ☐ Delete
NAME CASTRO, REINALDO
STREET ADDRESS 515 S.W. 3RD ST. #12
CITY-ST-ZIP MIAMI, FL

TITLE TD ☐ Delete
NAME ROJAS, HUMBERTO MR
STREET ADDRESS 515 SW 3RD ST #5
CITY-ST-ZIP MIAMI, FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29/2007 304
547-2278