

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 729649

1. Entity Name

FIFTH AVENUE CONDOMINIUM ASSOCIATION, INC.



FILED

10 APR -9 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1865737

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

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2010

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 NAME STREET ADDRESS CITY - ST - ZIP	SD RIOS, WILLIAM 515 SW 3RD ST. APT 2 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASTRO, REINALDO 515 S.W. 3RD ST. #12 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD ROJAS, HUMBERTO MR 515 SW 3RD ST #5 MIAMI FL 33130	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP (VICE PRESIDENT) ROJAS, HELVY 515 S.W. 3rd St #1 Miami, Fl. Zip. 33130	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
	700175455117 04/12/10--01003--011 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

William Rios Secretary

Date

April 12, 2010

305-302-9583

Deputy Phone #