

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90075 023 ****61.25

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1. Entity Name

**THE IMPERIAL TERRACES CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

1825 W. 44TH PL.
OFF 1212
HIALEAH, FL 33012 US

Mailing Address

1825 W. 44TH PL.
OFF 1212
HIALEAH, FL 33012 US

50027878



03012005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1603328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**J.R. GONZALEZ & ASSOCIATES, INC.
11936 SW 8TH STREET
MIAMI, FL 33184**

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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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GOMEZ, SANTIAGO
STREET ADDRESS 18525 W 44TH PLACE, #1007
CITY-ST-ZIP HIALEAH, FL 33012

TITLE TD
NAME JACINTO ESTRAVIT
STREET ADDRESS 1825 W 44TH PL APT 1111
CITY-ST-ZIP HIALEAH, FL 33012

TITLE SD
NAME ELISA, GOMILA
STREET ADDRESS 1825 W 44TH PL APT 703
CITY-ST-ZIP HIALEAH, FL 33012

TITLE D
NAME RAMIREZ, ANA
STREET ADDRESS 1825 W. 44TH. PLACE #710
CITY-ST-ZIP HIALEAH, FL 33012

TITLE VPD
NAME DIAZ, PABLO
STREET ADDRESS 1825 W 44TH PLACE, #1005
CITY-ST-ZIP HIALEAH, FL 33012

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 exemption stated in Section 119.07(3)(i), 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:

SANTIAGO GOMEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/05
Date

(305) 822-7773
Daytime Phone #