

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 21, 2005 08:00 AM  
Secretary of State

DOCUMENT # 729972

1. Entity Name  
ANTILLA PLAZA CONDOMINIUM, INC.



Principal Place of Business

50 ANTILLA AVE  
#5  
CORAL GABLES, FL 33134 US

Mailing Address

50 ANTILLA AVE  
#5  
CORAL GABLES, FL 33134 US



02152005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1671741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ADAN, JULIO  
50 ANTILLA AVE  
#5  
CORAL GABLES, FL 33134

**DO NOT WRITE  
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 SD  
NAME LACAYO, ALMALIA  
STREET ADDRESS 50 ANTILLA AVENUE  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD  
NAME ADAN, JULIO  
STREET ADDRESS 50 ANTILLA AVE #5  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE PD  
NAME DOMINGUES, LOUREDES  
STREET ADDRESS 50 ANTILLA AVE # 1  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VD  
NAME ESCOBAR, ROBERTO  
STREET ADDRESS 50 ANTILLA AVE # 7  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D  
NAME ESCOBAR, DIANNE  
STREET ADDRESS 7544 SW 113TH CT  
CITY-ST-ZIP MIAMI, FL 33173

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000238601  
02/22/05-80006-016 61.25

**DO NOT WRITE  
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)(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