## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 02, 2006 8:00 am Secretary of State **DOCUMENT #747269** 03-02-2006 90013 014 \*\*\*\*61.25 MARIPOSA MANOR ASSOCIATION, INC. Principal Place of Business Mailing Address C/O VILAR PROPERTY MANAGEMENT C/O VILAR PROPERTY MANAGEMENT 305 ALCAZAR AVE. 305 ALCAZAR AVE. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-NP CR2E037 (11/05) City & State Applied For City & State 4. FEI Number 59-1963735 Not Applicable Ζiρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name VILAR, TERESA Street Address (P.O. Box Number is Not Acceptable) 305 ALCAZAR AVE CORAL GABLES, FL. 33134 City 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 aigniture required when reinstating) DATE \$5.00 May Be Make check payable to Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11 TITLE MLE ☐ Delete ■ Addition Change SCHUMANN, GARY NAME NAME 1235 MARIPOSA AVE., #8 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE TITLE **S**Addition RONDEL, LISA NAME KOLONIAS, DESPINA 1235 Marijosa Ave, #10 NAME 1235 MARIPOSA AVE #5 STREET ADDRESS STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP CITY-ST-ZIP Coval Gobles FL 33146 DV TITLE ☐ Detete TITLE Change ■ Addition NAME VELLON, HEBER NAME 1235 MARIPOSA AVE #9 STREET ADDRESS STREE CTY-ST-78 CORAL GABLES, FL 33134 спу. Please Note change in officers TITLE TITLE ☐ Defete ■ Addition NAME NAME STREET ADDRESS STRE CITY CITY-ST-ZIP TITLE ☐ Delete Addition NAME MAN STREET ADDRESS STR CITY-ST-ZIP CIT! TITLE ☐ Delete πп ☐ Addition NAME STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP I hereby certify that the information supplied indicated on this report or supplemental report the corporation or the receiver or trustee fling does not qualify for the examptions contained in Chapter 119, Florida Statutes, I further certify that the information and accurate and that my algorithms shall have the same legal effect as if made under oath; that I am an officer or director ed to exacute this report as rejutired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

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SIGNATURE: