

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90037 010 ****61.25

| | | | | | |
|---|--|--|---|---|--|
| DOCUMENT # 747598 1. Entity Name WINDSONG LAKES VILLAGE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 9931 N.W. 9 STREET CIRCLE CONDO OFFICE BY POOL MIAMI, FL 33172 US | | | Mailing Address 5805 BLUE LAGOON DRIVE SUITE 140 MIAMI, FL 33126 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 59-2013495 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KASA GROUP, INC. 5805 BLUE LAGOON DRIVE SUITE 140 MIAMI, FL 33126 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (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. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP NARANJO, GILBERTO 9937 NW 9 ST. CIR. #6 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S RODRIGUEZ-FLORIDO, JORGE E 10003 NW 9TH STREET CIRCLE #11 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARMANDO MEJIA 9901 NW 9 ST CIR #3 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LUIS SUAREZ 9901 NW 9 ST CIR #2 MIAMI, FL 33143 ASST. SECRETARY | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T TOLEDO, EMY 9959 NW 9TH STREET CIRCLE #3 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MORENO, CARMEN 10003 N.W. 9 ST. CIRCLE, #10 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <u>Gilberto Naranjo/Gilberto Naranjo</u> 2/4/05 305- SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |