

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90005 029 \*\*\*\*61.25

**DOCUMENT # 747836**

1. Entity Name  
**TOWNHOMES OF SURFSIDE CONDOMINIUM, INC.**



Principal Place of Business  
**203 88 STREET**  
**SURFSIDE, FL 33154 US**

Mailing Address  
~~PO BOX 111424~~  
~~MIAMI, FL 33144--US~~

**54000572**



2. Principal Place of Business

3. Mailing Address

**203 88TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162004 Chg-NP CR2E037 (10/03)

City & State

City & State  
**SURFSIDE, FL**

4. FEI Number  
**65-0081953**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**33154**

**US**

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

**LOPEZ, ENEIDA**  
**209 88 STREET**  
**SURFSIDE, FL 33154**

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 reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GARCIA, RAFAEL D  
203 88 STREET  
SURFSIDE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
DIAZ, ANA  
201 88 STREET  
SURFSIDE, FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
GONZALEZ, SEGUNDO  
PO BOX 111424  
MIAMI, FL 33144-1424 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
SEGUNDO GONZALEZ  
P.O. BOX 546466  
SURFSIDE, FL 33154 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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)(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: *Rafael R. Garcia* PRESIDENT RAFAEL R. GARCIA 1-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #