

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90007 025 ****70.00

DOCUMENT # 747836					
1. Entity Name TOWNHOMES OF SURFSIDE CONDOMINIUM, INC.					
Principal Place of Business 203-00 STREET SURFSIDE, FL 33154 US			Mailing Address 203-00 STREET SURFSIDE, FL 33154 US		
2. Principal Place of Business - No P.O. Box # 201-209 88 STREET		3. Mailing Address 209 88 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State SURFSIDE, FL		City & State SURFSIDE, FL		4. FEI Number 65-0081953	
Zip 33154		Country U.S.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, ENEIDA 209 88 STREET SURFSIDE, FL 33154			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 PD	NAME GARCIA, RAFAEL D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 203 88 STREET	SURFSIDE, FL		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP SURFSIDE, FL	SURFSIDE, FL		STREET ADDRESS 207 88 STREET	SURFSIDE, FL 33154	
TITLE VD	NAME DIAZ, ANA	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 201-88 STREET	SURFSIDE, FL		NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
CITY-ST-ZIP SURFSIDE, FL	SURFSIDE, FL 33154		STREET ADDRESS 209 88 STREET	SURFSIDE, FL 33154	
TITLE STD	NAME GONZALEZ, SEGUNDO	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS PO BOX 546400	SURFSIDE, FL 33154		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP SURFSIDE, FL 33154	SURFSIDE, FL 33154		STREET ADDRESS 209 88 STREET	SURFSIDE, FL 33154	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	SURFSIDE, FL		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	SURFSIDE, FL		STREET ADDRESS	SURFSIDE, FL	
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	SURFSIDE, FL		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP	SURFSIDE, FL		STREET ADDRESS	SURFSIDE, FL	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Eneida Lopez</i> Sec.			3/6/07 305-342-5595		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		