

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748073

FILED
May 01, 2006
Secretary of State

Entity Name: LOS PASEOS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

6780 CORAL WAY
MIAMI, FL 33155 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 650404
MIAMI, FL 33265 US

New Mailing Address:

FEI Number: 59-2024995 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEON-RUBIDO, MARLENE ESQUIRE
6780 CORAL WAY
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SOLER, ROBERT
Address: 3511 SW 112 COURT
City-St-Zip: MIAMI, FL 33165

Title: D () Delete
Name: ACEVEDO, ANGEL
Address: 3620 SW 112 PLACE
City-St-Zip: MIAMI, FL 33165

Title: VD () Delete
Name: CORTES, MILDRED
Address: 3515 SW 112 PL
City-St-Zip: MIAMI, FL 33165

Title: D (X) Delete
Name: EMYLCE, VISO
Address: 3470 SW 113 PLACE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SOLER

PD

05/01/2006

Electronic Signature of Signing Officer or Director

Date