2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# 748073

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 ( )**

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:	OGRODNIK, LUIS	
Address:	3520 SW 112 PL	
City-St-Zip:	MIAMI, FL 33165	
Title:	VD	( ) Delete
Name:	BENITEZ, BOB	
Address:	3529 SW 112 PL	
City-St-Zip:	MIAMI, FL 33165	
Title:	SD	( ) Delete
Name:	BARCENAS, MARIA	
Address:	3502 SW 113 CT	
City-St-Zip:	MIAMI, FL 33165	
Title:	TD	( ) Delete
Name:	SILBERSTEIN, EDUARDO	
Address:	3526 SW 113 PL	
City-St-Zip:	MIAMI, FL 33165	
Title:	D	( ) Delete
Name:	BORJA, MARIA	
Address:	3525 SW 112 PL	
City-St-Zip:	MIAMI, FL 33165	
Title:	D	( ) Delete
Name:	RODRIGUEZ, STEVE	
Address:	3469 SW 113 CT	
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:	
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 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: LUIS OGRODNIK PRSI 01/23/2009

Electronic Signature of Signing Officer or Director — Date