

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90077 034 ****61.25

DOCUMENT # 748089

1. Entity Name

FRANCES CONDOMINIUM APARTMENT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7801 ABBOTT AVENUE
APT 204
MIAMI BEACH FL 33141

7801 ABBOTT AVENUE
APT 204
MIAMI BEACH FL 33141



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2147193

Applied For

Not Applicable

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

MENDOZA, LUIS
7801 ABBOTT AVE, # 4021
MIAMI BCH FL 33141

Name **TERESA MENENDEZ**

Street Address (P.O. Box Number is Not Acceptable)

#504

7801 ABBOTT AVE # 504

City **MIAMI BEACH**

FL

Zip Code **33141**

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

Teresa Menendez

Signature, typed or printed name of registered agent and title is applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 PD ☒ Delete
NAME KRAJEWSKI, ARTHUR
STREET ADDRESS 7801 ABBOTT AV #508
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE **MENDOZA, LUIS** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7801 ABBOTT AV #508**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE VPD ☒ Delete
NAME MENDOZA, LUIS
STREET ADDRESS 7801 ABBOTT AVENUE #408
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE **MENENDEZ TERESA** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7801 ABBOTT AV #508**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE SD ☐ Delete
NAME MORALES, MARIA
STREET ADDRESS 7801 ABBOTT AV #403
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE **ADJUSO AIZED** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7801 ABBOTT AV #305**
CITY-ST-ZIP **MIAMI BEACH FL 33141**

TITLE TD ☐ Delete
NAME SIERRA, RUBIELA
STREET ADDRESS 7801 ABBOTT AV 302
CITY-ST-ZIP MIAMI BEACH FL 33141

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Luis Mendoza* **LUIS MENDOZA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 30/2007 (305)867-0298

Date

Daytime Phone #