

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90012 030 ****61.25

DOCUMENT # 748089					
1. Entity Name FRANCES CONDOMINIUM APARTMENT ASSOCIATION, INC.					
Principal Place of Business 7801 ABBOTT AVENUE APT 204 MIAMI BEACH, FL 33141			Mailing Address 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	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 MENEDEZ, TERESA MENENDEZ SD 7801 ABBOTT AVE. 504 MIAMI BCH, FL 33141			7. Name and Address of New Registered Agent Name CABRERA CARLOS - VPD Street Address (P.O. Box Number is Not Acceptable) 7801 ABBOTT AVE. #503 H. APT MIAMI BEACH FL 33141 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 <i>Carlos J. Cabrera</i>		DATE 2/12/08			
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
	PD	MENDOZA, LUIS	7801 ABBOTT AVE., 402 MIAMI BEACH, FL 33141	☐ Change ☐ Addition	
	VPD	MENEDEZ, TERESA	7801 ABBOTT AVE., 504 MIAMI BEACH, FL 33141	☒ Change ☒ Addition	
	SD	MORALES, MARIA	7801 ABBOTT AV #403 MIAMI BEACH, FL 33141	☒ Change ☒ Addition	
	TD	SIERRA, RUBIELA	7801 ABBOTT AV 302 MIAMI BEACH, FL 33141	☐ Change ☐ Addition	
				☐ Change ☐ Addition	
				☐ Change ☐ Addition	
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>Luis Mendoza</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date (305) 867-0298 Daytime Phone #	