

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751556

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** SEGOVIA GARDENS CONDOMINIUM, INC.

**Current Principal Place of Business:**

1800 NW 19 STREET  
MIAMI, FL 33125 US

**New Principal Place of Business:**

**Current Mailing Address:**

1020 SW 137 PLACE  
MIAMI, FL 33184 US

**New Mailing Address:**

**FEI Number:** 59-2224146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGUEIRO, ENRIQUE  
1020 SW 137 PLACE  
MIAMI, FL 33184 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: P ( ) Delete  
Name: GOMEZ, LIDIA  
Address: 1800 NW 19 ST APT #8  
City-St-Zip: MIAMI, FL 33125

Title: V ( ) Delete  
Name: DIAZ, HUMBERTO  
Address: 1340 W 5TH COURT  
City-St-Zip: HIALEAH, FL 33010

Title: T ( ) Delete  
Name: REGUEIRO, ENRIQUE  
Address: 1020 SW 137 PLACE  
City-St-Zip: MIAMI, FL 33184 US

Title: S ( ) Delete  
Name: CABRERA, ROSALBA  
Address: 8320 SW 8 STREET  
City-St-Zip: MIAMI, FL 33174

**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 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: LIDIA GOMEZ

P

04/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date