

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90023 018 ****61.25

DOCUMENT # 751688					
1. Entity Name MONTE BELLO TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1025 WEST 77 STREET HIALEAH, FL 33014 US			Mailing Address C/O AMERICAN MANAGEMENT & REALTY 2011 W 62ND STREET HIALEAH, FL 33016 US		
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 59-2253631	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent AMERICAN MANAGEMENT & REALTY, INC. 2011 W. 62 ST. HIALEAH, FL 33016				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐		\$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 P	NAME CARDOCO, JOSE		TITLE	NAME	
STREET ADDRESS 1025 WEST 77 STREET #E	CITY-ST-ZIP HIALEAH, FL 33014		STREET ADDRESS	CITY-ST-ZIP	
TITLE T	NAME FERNANDEZ, JUIAN		TITLE	NAME	
STREET ADDRESS 1025 W. 77TH STREET #D	CITY-ST-ZIP HIALEAH, FL 33014		STREET ADDRESS	CITY-ST-ZIP	
TITLE S	NAME MENESES, FRANCISCO		TITLE	NAME	
STREET ADDRESS 1025 W 77TH STREET #F	CITY-ST-ZIP HIALEAH, FL 33014		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	CITY-ST-ZIP		STREET ADDRESS	CITY-ST-ZIP	
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: _____			3-27-08 30558-9820		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Days/Time Phone #		