2006 NGT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

Secretary of State **DOCUMENT #751933** 03-09-2006 90167 013 ****61.25 DADÉLAND PARK CONDOMINIUM, INC. Principal Place of Business Mailing Address 13250 SW 135TH AVE 7505 S.W. 82ND STREET MIAMI, FL 33143 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02012006 Chg-NP CR2E037 (11/05) Applied For 4. FEI Number 59-2000710 City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Nama SKRLD, INC. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE #1102 CORAL GABLES, FL 33134 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to \Box Added to Fees Due by May 1, 2006 Trust Fund Contribution. Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. **VPDS** TTLE ☐ Delete TIDE Change ☐ Addition CATO PANO J. GATO, PABLO NAME NAME 7505 500 825T # 212 419mi PL. 33143 7505 SW 82 STREET #212 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP ☑ Delete (2) Change TITLE TITLE 1/PDS Addition NAME **BOURKE, GERRY** NAME GUEVARA ANA 7505 50 82 51 # 109 STREET ADDRESS 7505 S.W. 82 STREET, 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL Miani FL 33/43 TD Delete TITLE TITLE Addition PADILLA, OSCAR NAME NAME FRRNANDEZ JORGE STREET ADDRESS 7505 SW 82 STREET #214 STREET ADDRESS 7505 500 82 ST #115 CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP Miami TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 mis report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

Mar 09, 2006 8:00 am

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 751933 1. Entity Name DADELAND PARK CONDOMINIUM, INC.						ATTACHMENT					
Principal Place of Business 7505 S.W. 82ND STREET MIAMI, FL 33143		Mailing Address 13250 SW 135TH AVE MIAMI, FL 33186				50001714					
2. Principal P	lace of Business	3. Mailing Address							_		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				02012006 Chg-NP CR2E037 (11/05)					
City & State	Ð	City & State				4. FEI Number Applied For 59-2000710 Not Applicable					
Zip	Country Zip Co			s. Certificate of Status Desired							
8. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name						
SKRLD, INC. 201 ALHAMBRA CIRCLE				Street Address (P.O. Box Number is Not Acceptable)							
#1102	ABLES, FL 33134										
CONTRO			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											
Signature, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$61.25 9. Election Campaign F Due by May 1, 2006 Trust Fund Contribut						\$5.00 May Be Added to Fees	Flor	ida Depart	payable to ment of St	ate	
10.	OFFICERS AND DI	RECTORS Delete	11. MLE		PD	ADDITIONS/CHAN	GES TO OFFICE	RS AND DIF	ECTORS IN Change	10 Addition	
NAME	GATO, PABLO	CT Design	NAM			to Pab	LO J1		E onlingo		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	75 K	05 SW 8 (1 <i>a mi 7</i>	て ST年。 こと 33	212 143		}	
TITLE	P POLIDICE CERDY	Delete	TITLE			DS JEVAra			Change	☐ Addition	
NAME STREET ADDRESS	BOURKE, GERRY 7505 S.W. 82 STREET, 108		nami Stre	ET ADORESS	GU	IEVAYA	HNQ.	£ 109			
CITY-ST-ZIP	MIAMI, FL		-		10	05 SW 8	IFL 3	314	3		
TITLE NAME	TD PADILLA, OSCAR	Z Delete	NAMI		72	D RNANI	e > Ja	1265	Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	7505 SW 82 STREET #214 MIAMI, FL 33143		1	ET ADDRESS -ST-ZIP	75	05 5W	82 57	# 11	5		
TITLE	MIAMI, FL 33143	☐ Delete	TITLE			MIAM	1 + 2 3	3/4	∃ ☐ Change	Addition	
NAME			NAM	E ET ADDRESS							
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE						Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	ET ADDRESS							
CITY-ST-ZIP		<u>_</u>	-	-ST-ZIP							
TITLE NAME		☐ Delete	HAM						Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -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 of trustee empoweded 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.											
SIGNAT	URE:	SORGE H.	ERI	MI)e	7_		2/6/04 Date	7	86 - 20 sytime Phone #	62-7326	
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date Daytime Phone #											