

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90080 035 ****61.25

DOCUMENT # 751933
 1. Entity Name
 DADELAND PARK CONDOMINIUM, INC.



Principal Place of Business: 7505 S.W. 82ND STREET, MIAMI, FL 33143
 Mailing Address: 13250 SW 135TH AVE, MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #: 2200 NW 102 AVE, Suite # 5, Miami, FL 33172, USA
 3. Mailing Address: 2200 NW 102 AVE, Suite # 5, Miami, FL 33172, USA

6. Name and Address of Current Registered Agent: SKRLD, INC., 201 ALHAMBRA CIRCLE #1102, CORAL GABLES, FL 33134

40112216



05092007 Chg-NP CR2E037 (12/06)

4. FEI Number: 59-2000710
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: _____ DATE: 5/1/07

Filing Fee is \$61.25 Due by September 14, 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	
TITLE: P	<input type="checkbox"/> Delete
NAME: GATO, PABLO	
STREET ADDRESS: 7505 SW 82 STREET #212	
CITY-ST-ZIP: MIAMI, FL 33143	
TITLE: VPDS	<input type="checkbox"/> Delete
NAME: GUEVARA, ANA	
STREET ADDRESS: 7505 S.W. 82 STREET, 108	
CITY-ST-ZIP: MIAMI, FL	
TITLE: TD	<input checked="" type="checkbox"/> Delete
NAME: GERMANDEZ, JORGE	
STREET ADDRESS: 7505 SW 82 ST 115	
CITY-ST-ZIP: MIAMI, FL 33143	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Angel Rivero	
STREET ADDRESS: 7505 SW 82 St # 316	
CITY-ST-ZIP: MIAMI, FL 33143	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: _____ DATE: 5/1/07 DAYTIME PHONE #: 305 444-6757