

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754503

FILED
Apr 29, 2005
Secretary of State

Entity Name: GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 59-2115921 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI, FL 33186 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: T () Delete
Name: VARGO, TERESE
Address: 11277 SW 90 LANE
City-St-Zip: MIAMI, FL 33176

Title: DT () Delete
Name: LONGORIA, TONY
Address: 9061 SW 112 CT.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: WHITE, GREG
Address: 9041 SW 112 CT.
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: HERNANDEZ, AJ
Address: 8836 SW 112 AVE.
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: HILL, JOAN
Address: 9286 SW 112 PL
City-St-Zip: MIAMI, FL 33176

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH R PADRON

PA

04/29/2005

Electronic Signature of Signing Officer or Director

_____ Date