


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90136 001 ****61.25

DOCUMENT # 754503

1. Entity Name
GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI, FL 33186

Mailing Address
MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI, FL 33186

50006577



2. Principal Place of Business
40 MIAMI MANAGEMENT, INC

3. Mailing Address
40 MIAMI MANAGEMENT, INC.

Suite, Apt. #, etc.
14275 SW 142 AV

Suite, Apt. #, etc.
14275 SW 142 AV

02282006 Chg-NP CR2E037 (11/05)

City & State
MIAMI, FL.

City & State
MIAMI, FL

4. FEI Number
59-2115921

Applied For
 Not Applicable

Zip
33186

Country
USA

Zip
33186

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI, FL 33186

7. Name and Address of New Registered Agent

Name
CARLOS TRIAY

Street Address (P.O. Box Number is Not Acceptable)
3750 NW 87 AVE. SUITE 100

City
MIAMI **FL** Zip Code
33178

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

Filing Fee is \$61.25
Due by May 1, 2006

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	T	<input checked="" type="checkbox"/> Delete
NAME	VARGO, TERESE	
STREET ADDRESS	11277 SW 90 LANE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LONGORIA, TONY	
STREET ADDRESS	9061 SW 112 CT.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, GREG	
STREET ADDRESS	9041 SW 112 CT.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HERNANDEZ, AJ	
STREET ADDRESS	8836 SW 112 AVE.	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HILL, JOAN	
STREET ADDRESS	9286 SW 112 PL	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUIRRE, LUIS	
STREET ADDRESS	11258 SW 90 LN	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONGORIA, TONY	
STREET ADDRESS	9061 SW 112 CT	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH NADDED	
STREET ADDRESS	11255 SW 91 TE	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMANSA, RAQUEL	
STREET ADDRESS	9034 SW 112 PL	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSGROVE, INEZ	
STREET ADDRESS	11272 SW 91 TE.	
CITY-ST-ZIP	MIAMI, FL 33176	
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: _____ **3/29/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT

50006577

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2006

GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.
MIAMI MANAGEMENT
14275 SW 142 AVE
MIAMI, FL 33186

SUBJECT: GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.
Ref: Number: 764503

We have received your document for GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

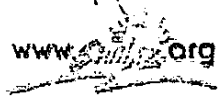
The fee to file the enclosed nonprofit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, Annual Report/Uniform Business Report Section, P.O. Box 6327, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

PAMELA YARBOR
OPS

Letter Number: 506A00014373



ATTACHMENT
Division of Corporations
50006577
Annual Report

Payment Page

Document Tracking # 400062863284
Document Number # 734503

905041

The charge amount for your filing is \$61.25

Annual Reports are processed and posted within 24 to 48 hours of filing. Only corporations requesting a certificate of status will receive correspondence via the US Postal Service. We do not provide an e-mail acknowledgement.

In order to complete this transaction you must select one of the payment options listed below.

If you press the 'Credit Card Payment' button from this screen, you will be sent to the payment terminal and charged for this filing.

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Sunbiz E-file Account Payment

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Annual Reports

ATTACHMENT
Division of Corporations
 50006577
Annual Report

Please review the filing for accuracy and the fee to file. If you need to make corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again. If you have already filed information, your filing information will be updated exactly as you have entered it. Once you have submitted information, your filing cannot be updated, removed, cancelled or refunded.

Document Number	754503
Business Entity Name	GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.
FEI Number	592115921
FEI Number Status	
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address	MIAMI MANAGEMENT
Suite, Apt. #, etc.	14275 SW 142 AVE
City, State	MIAMI, FL
Zip Code & Country	33186

Mailing Address

Address	MIAMI MANAGEMENT
Suite, Apt. #, etc.	14275 SW 142 AVE
City, State	MIAMI, FL
Zip Code & Country	33186

Name and Address of Registered Agent

RA Business Name	MIAMI MANAGEMENT
Address	14275 SW 142 AVE
Suite, Apt. #, etc.	
City, State	MIAMI, FL
Zip Code & Country	33186 US
Registered Agent Signature	MIAMI MANAGEMENT

Officer/Director Name and Address

Title	SEC
Name (Last, First, Middle, Title)	COSGROVE, INES
Street Address	11272 SW 91 TERR
City, State	MIAMI, FL
Zip Code & Country	33176

Division of Corporations

ATTACHMENT

Page 2 of 2

Title PR
Name (Last, First, Middle, Title) LONGORIA, TONY
Street Address 9061 SW 112 CT.
City, State MIAMI, FL
Zip Code & Country 33176

50006577
#754503

Title TRES
Name (Last, First, Middle, Title) WHITE, GREG
Street Address 9041 SW 112 CT.
City, State MIAMI, FL
Zip Code & Country 33176

Title PRES
Officer/Director Signature TONY LONGORIA

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