


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90026 013 \*\*\*\*61.25

**DOCUMENT # 754503**

1. Entity Name  
**GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
~~12350 SW 132 COURT~~  
~~STE 114~~  
~~MIAMI, FL 33186~~

Mailing Address  
**12350 SW 132 COURT**  
**STE 114**  
**MIAMI, FL 33186**



2. Principal Place of Business - No P.O. Box #  
*c/o Lakewood Management, Inc.*  
**13388 SW 128 Street**  
**Miami, Florida 33186**

3. Mailing Address  
*c/o Lakewood Management, Inc.*  
**13388 SW 128 Street**  
**Miami, Florida 33186**

008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-2115921** Applied For   
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>ROBERT PAIGE PA</b> <b>9500 SOUTH DADELAND BLVD</b> <b>STE 550</b> <b>MIAMI, FL 33156</b>	Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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) DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>President/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>AGUIRRE, LOUIS C</del>		NAME <b>Sosna, Jay</b>	
STREET ADDRESS <del>41258 SW 90TH LN</del>		STREET ADDRESS <b>9066 SW 112 Court</b>	
CITY-ST-ZIP <del>MIAMI, FL 33176</del>		CITY-ST-ZIP <b>Miami, Florida 33176</b>	
TITLE <del>T</del>	<input checked="" type="checkbox"/> Delete	TITLE <b>Vice President/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>THEYE, EMMA</del>		NAME <b>Moreno, Max</b>	
STREET ADDRESS <del>9052 SW 112 PLACE</del>		STREET ADDRESS <b>11276 SW 90 Lane</b>	
CITY-ST-ZIP <del>MIAMI, FL 33176</del>		CITY-ST-ZIP <b>Miami, Florida 33176</b>	
TITLE <del>SEC</del>	<input checked="" type="checkbox"/> Delete	TITLE <b>Secretary/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>MARQUEZ, ANDRES</del>		NAME <b>Roos, Ruth</b>	
STREET ADDRESS <del>9086 SW 112 PLACE</del>		STREET ADDRESS <b>9043 SW 112 Court</b>	
CITY-ST-ZIP <del>MIAMI, FL 33176</del>		CITY-ST-ZIP <b>Miami, Florida 33176</b>	
TITLE <del>B</del>	<input checked="" type="checkbox"/> Delete	TITLE <b>Treasurer/Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>ALMANSA, RAQUEL</del>		NAME <b>Andreu, Leonor</b>	
STREET ADDRESS <del>9034 SW 112TH PL</del>		STREET ADDRESS <b>10821 SW 93 Street</b>	
CITY-ST-ZIP <del>MIAMI, FL 33176</del>		CITY-ST-ZIP <b>Miami, Florida 33176</b>	
TITLE <del>DR</del>	<input checked="" type="checkbox"/> Delete	TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>COSGROVE, INES</del>		NAME <b>Montiel, Luisa</b>	
STREET ADDRESS <del>11272 SW 91ST TERR</del>		STREET ADDRESS <b>8803 SW 112 Place</b>	
CITY-ST-ZIP <del>MIAMI, FL 33176</del>		CITY-ST-ZIP <b>Miami, Florida 33176</b>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *JAY Sosna* **18 Jan 2008 305/2955-9058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #