

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # 754740

1. Entity Name

PRINCE CONDOMINIUMS I ASSOCIATION, INC.



Principal Place of Business

10951 S W 7 TERR
103
SWEETWATER FL 33174

Mailing Address

10951 S W 7 TERR
103
SWEETWATER FL 33174

2. Principal Place of Business

3. Mailing Address

Suite, Apt # etc

Suite, Apt #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

71-4851070

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

CASO, CARLOS R PA
1300 CORAL WAY
SUITE 301
MIAMI FL 33145

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

(Print name of individual named name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
<p>TITLE: PD <input type="checkbox"/> Delete</p> <p>NAME: PEREZ, ANTONIO A.</p> <p>STREET ADDRESS: 2255 S.W. 128TH AVE.</p> <p>CITY-STATE-ZIP: MIAMI FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>000000147401</p> <p>01/27/05-80010-010 61.25</p>
<p>TITLE: VD <input type="checkbox"/> Delete</p> <p>NAME: ANGULO, EZEQUIEL</p> <p>STREET ADDRESS: 2504 SW 101 CT</p> <p>CITY-STATE-ZIP: MIAMI FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: AVD <input type="checkbox"/> Delete</p> <p>NAME: URQUIOLA, CESAR D.</p> <p>STREET ADDRESS: 10951 S.W. 7 TR., #103</p> <p>CITY-STATE-ZIP: MIAMI FL</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY-STATE-ZIP:</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY-STATE-ZIP:</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE: <input type="checkbox"/> Delete</p> <p>NAME:</p> <p>STREET ADDRESS:</p> <p>CITY-STATE-ZIP:</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

Cesar D. Urquiola - CESAR D. URQUIOLA - AVD - 1/24/05 305 559-0887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #