

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 24, 2005 8:00 am
Secretary of State

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1. Entity Name
TANGLEWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**6301 SW 33RD STREET
MIAMI, FL 33155**

Mailing Address

**6301 SW 33RD STREET
MIAMI, FL 33155**

40004895



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2365481

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TRUJILLO, HECTOR
6301 SW 33RD STREET
MIAMI, FL 33155**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution.

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TRUJILLO, HECTOR
STREET ADDRESS	6301 SW 33 ST.
CITY-ST-ZIP	MAIMI, FL 33155
TITLE	VD
NAME	TRUJILLO, GERALINE
STREET ADDRESS	6301 SW 33 ST.
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	T
NAME	MARRERO, JOSE
STREET ADDRESS	2500 NW 13RD STREET, 118
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	SD
NAME	BERGON, PEDRO
STREET ADDRESS	2550 NW 13RD STREET, 325
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	S
NAME	Carlos @ Grille
STREET ADDRESS	2520 NW 13th St Unit 306
CITY-ST-ZIP	Miami, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 law empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #