
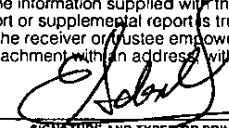


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2008 8:00 am**  
**Secretary of State**

02-08-2008 90023 040 \*\*\*\*61.25

|   |                       |   |  |   |  |
|---|-----------------------|---|--|---|--|
| <b>DOCUMENT # 759022</b><br>1. Entity Name<br><b>ROZLAND CONDOMINIUM ASSOCIATION, INC.</b>  |                       |   |  |  |  |
| Principal Place of Business<br><b>C/O PROPERTY MGMT SVC<br/>8299 CORAL WAY<br/>MIAMI, FL 33155</b>  |                       |   | Mailing Address<br><b>C/O PROPERTY MGMT SVC.<br/>8299 CORAL WAY<br/>MIAMI, FL 33155</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #  |                       | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                       | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                       | City & State  |  |   |  |
| Zip   | Country               | Zip   | Country  | 4. FEI Number<br><b>59-2126243</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |                       |   |  | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent   |                       |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>PROPERTY MGMT SVC<br/>8299 CORAL WAY<br/>MIAMI, FL 33155</b>   |                       |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                       |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>   |                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |                       |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                       |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE   | PD                    | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | SALAS, EDWIN          |   | NAME   |   |  |
| STREET ADDRESS  | 7670 S W 152 AVE #107 |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | MIAMI, FL 33193       |   | CITY-ST-ZIP  |   |  |
| TITLE   | VPD                   | <input type="checkbox"/> Delete   | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME  | GANDERO, CLARA        |   | NAME   | Frank Chavez  |  |
| STREET ADDRESS  | 15318 SW 72 ST. #12   |   | STREET ADDRESS   | 7666 SW 152 Ave. #13  |  |
| CITY-ST-ZIP   | MIAMI, FL 33193       |   | CITY-ST-ZIP  | Miami FL 33193  |  |
| TITLE   | SD                    | <input type="checkbox"/> Delete   | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME  | GARCIA, YANIA         |   | NAME   | Guido Cosme   |  |
| STREET ADDRESS  | 15310 SW 72 ST. #21   |   | STREET ADDRESS   | 7666 SW 152 Ave. #20  |  |
| CITY-ST-ZIP   | MIAMI, FL 33193       |   | CITY-ST-ZIP  | Miami FL 33193  |  |
| TITLE   | TD                    | <input type="checkbox"/> Delete   | TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME  | PRIOLE, MICHAEL III   |   | NAME   | Luis Orbegoso   |  |
| STREET ADDRESS  | 8299 CORAL WAY        |   | STREET ADDRESS   | 7670 SW 152 Ave. #209   |  |
| CITY-ST-ZIP   | MIAMI, FL 33155       |   | CITY-ST-ZIP  | Miami, FL 33193   |  |
| TITLE   | TD                    | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME  | RODRIGUEZ, COSME      |   | NAME   | Julia Laundrey  |  |
| STREET ADDRESS  | 8295 CORAL WAY        |   | STREET ADDRESS   | 15330 SW 72 St. #1B   |  |
| CITY-ST-ZIP   | MIAMI, FL 33155       |   | CITY-ST-ZIP  | Miami FL 33193  |  |
| 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. |                       |   |  |   |  |
| <b>SIGNATURE:</b>    |                       |   | 02/01/2008 (786) 263 8791  |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                       |   | Date Daytime Phone #   |   |  |