

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759022

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: ROZLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O PROPERTY MGMT SVC  
8299 CORAL WAY  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROPERTY MGMT SVC.  
8299 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 59-2126243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PROPERTY MGMT SVC  
8299 CORAL WAY  
MIAMI, FL 33155      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SALAS, EDWIN  
Address: 7670 S W 152 AVE #107  
City-St-Zip: MIAMI, FL 33193

Title: VPD ( ) Delete  
Name: CHAVEZ, FRANK  
Address: 7666 SW 152 AVE 13  
City-St-Zip: MIAMI, FL 33193

Title: SD ( ) Delete  
Name: GUIDO, COSME  
Address: 7666 SW 152 AVE 20  
City-St-Zip: MIAMI, FL 33193

Title: TD ( ) Delete  
Name: ORBEGOSO, LUIS  
Address: 7670 SW 152 AVE 209  
City-St-Zip: MIAMI, FL 33193

Title: D ( ) Delete  
Name: LAUNDREN, JULIA  
Address: 15330 SW 72 CT 1B  
City-St-Zip: MIAMI, FL 33193

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN SALAS

PD

03/02/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date