2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 760248

1. Entity Name

ALTAMIRA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
921 SW 27TH AVE MIAMI, FL 33135	921 SW 27TH AVE 1-C MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

04032008   No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
65-0134382	Not Applicable

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

6. Name and Address of Current Registered Agent

CABRERA, FROILAN
921 SW 27TH AVE
SUITE 1C
MIAMI, FL 33135

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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, 2008**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CABRERA, FROILAN
STREET ADDRESS	921 SW 27TH AVE, SUITE 1C
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	T
NAME	ANGELINI, MARTHA
STREET ADDRESS	921 SW 27TH AVE, SUITE 2A-2B
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	SD
NAME	RODRIGUEZ, JOSE A
STREET ADDRESS	921 SW 27TH AVE., SUITE 1A
CITY-ST-ZIP	MIAMI, FL 33135

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/21/08-80137-012 70.00

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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: _____   4/24/08   305-272-8481

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