


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 761030**  
 1. Entity Name  
**GREGORIO REYES CONDOMINIUM ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business<br>1500 S.W. 66 CT<br>APT. #1<br>MIAMI, FL 33144 | Mailing Address<br>1500 S.W. 66 CT<br>APT. #1<br>MIAMI, FL 33144 |
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**DO NOT WRITE IN THIS SPACE**



08142007 No Chg-NP CR2E037 (4/06)

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>59-2399157                               | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
 FERNANDEZ, ANA M  
 1500 S.W. 66 CT.  
 APT #1  
 MIAMI, FL 33144

**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]* 8/19/07  
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 September 14, 2007**

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

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>FERNANDEZ, ANA M<br>1500 SW 66 CT APT 1<br>MIAMI, FL 33144 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>VIDAL, TERESA<br>1500 SW 66 CT APT 1<br>MIAMI, FL 33144   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD<br>SEGUNDO ARDAVIN<br>1500 SW 66 COURT #4<br>MIAMI, FL 33144 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LOPEZ, ARIEL<br>1500 S.W. 66 COURT #3<br>MIAMI, FL 33144    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 08/23/07-80004-010 61.25

**DO NOT WRITE IN THIS SPACE**

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: *[Signature]* 8/17/07 305-264-0723  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #