

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90010 037 ****70.00

DOCUMENT # 762469

1. Entity Name
CENTRAL COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**% COURTESY PROPERTY
13250 SW 135 AVE
MIAMI, FL 33186 US**

Mailing Address
**% COURTESY PROPERTY
13250 SW 135 AVE
MIAMI, FL 33186 US**

54022614



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2205863

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD
201 ALHAMBRA CIRCLE
CORAL GABLES, FL 33186**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **STACHL, JOHN L**
STREET ADDRESS **2525 NW 74TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☐ Delete
NAME **NESTOR, MIRANDA**
STREET ADDRESS **2533 N.W. 74 AVE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **SD** ☐ Delete
NAME **DELRIO PEREZ, LAURA**
STREET ADDRESS **2585 NW 74 AVE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **TD** ☐ Delete
NAME **KMEICK, PETER**
STREET ADDRESS **2577 NW 74TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **D** ☐ Delete
NAME **PICPININI, ANGELA**
STREET ADDRESS **2573 NW 74 AVE**
CITY-ST-ZIP **MIAMI, FL 33122**

TITLE **VPD** ☐ Delete
NAME **SANTTI, MAYRA**
STREET ADDRESS **2541 NW 74TH AVENUE**
CITY-ST-ZIP **MIAMI, FL 33122**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/04