

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90387 020 ****61.25

DOCUMENT # 766569 1. Entity Name HERITAGE OF SANS SOUCI CONDOMINIUM ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 2859 LEONARD DRIVE G 506 AVENTURA, FL 33160 US			Mailing Address 2859 LEONARD DRIVE G 526 AVENTURA, FL 33160 US																																																																																																																										
2. Principal Place of Business - No P.O. Box # 1725 NE 116th Rd		3. Mailing Address 6915 TAFT ST																																																																																																																											
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																																											
City & State NORTH MIAMI, FL		City & State HOLLYWOOD, FL		4. FEI Number 59-2153842																																																																																																																									
Zip 33181		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																									
6. Name and Address of Current Registered Agent JOHNSON, JEFFREY P 2859 LEONARD DRIVE G 506 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name USA SERVICES Street Address (P.O. Box Number is Not Acceptable) 6915 TAFT ST City HOLLYWOOD FL Zip Code 33024																																																																																																																											
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: right;"> 4/25/08 <small>DATE</small> </div> </div>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>PD MILLER, BETTY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2107 NE 122 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>N. MIAMI, FL 33181</td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD GIL, WALTER</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>1195 MILAN AVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>CORAL GABLES, FL 33134</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VD MOTTLE, KATHY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>19204 N.E. 25TH AVENUE #312</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>AVENTURA, FL 33180</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD AQUIRRE, EMILY</td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>1510 N.E. 138TH STREET</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH MIAMI, FL 33161</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	PD MILLER, BETTY	<input type="checkbox"/>	STREET ADDRESS	2107 NE 122 STREET		CITY-ST-ZIP	N. MIAMI, FL 33181		TITLE	SD GIL, WALTER	<input type="checkbox"/>	NAME	1195 MILAN AVE		STREET ADDRESS	CORAL GABLES, FL 33134		CITY-ST-ZIP			TITLE	VD MOTTLE, KATHY	<input type="checkbox"/>	NAME	19204 N.E. 25TH AVENUE #312		STREET ADDRESS	AVENTURA, FL 33180		CITY-ST-ZIP			TITLE	TD AQUIRRE, EMILY	<input type="checkbox"/>	NAME	1510 N.E. 138TH STREET		STREET ADDRESS	NORTH MIAMI, FL 33161		CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> <input type="checkbox"/>	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	Delete																																																																																																																											
NAME	PD MILLER, BETTY	<input type="checkbox"/>																																																																																																																											
STREET ADDRESS	2107 NE 122 STREET																																																																																																																												
CITY-ST-ZIP	N. MIAMI, FL 33181																																																																																																																												
TITLE	SD GIL, WALTER	<input type="checkbox"/>																																																																																																																											
NAME	1195 MILAN AVE																																																																																																																												
STREET ADDRESS	CORAL GABLES, FL 33134																																																																																																																												
CITY-ST-ZIP																																																																																																																													
TITLE	VD MOTTLE, KATHY	<input type="checkbox"/>																																																																																																																											
NAME	19204 N.E. 25TH AVENUE #312																																																																																																																												
STREET ADDRESS	AVENTURA, FL 33180																																																																																																																												
CITY-ST-ZIP																																																																																																																													
TITLE	TD AQUIRRE, EMILY	<input type="checkbox"/>																																																																																																																											
NAME	1510 N.E. 138TH STREET																																																																																																																												
STREET ADDRESS	NORTH MIAMI, FL 33161																																																																																																																												
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE	NAME	Change Addition																																																																																																																											
NAME		<input type="checkbox"/> <input type="checkbox"/>																																																																																																																											
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
CITY-ST-ZIP																																																																																																																													
TITLE		<input type="checkbox"/> <input type="checkbox"/>																																																																																																																											
NAME																																																																																																																													
STREET ADDRESS																																																																																																																													
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.																																																																																																																													
SIGNATURE: <div style="float: right; text-align: right;"> 4/25/08 <small>Date</small> </div>																																																																																																																													
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													