

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 767115

1. Entity Name
INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION,
INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 23 AM 8:39

Principal Place of Business
UNLIMITED PROPERTY MGMT LLC
7655 NW 50 ST
MIAMI, FL 33166

Mailing Address
UNLIMITED PROPERTY MGMT LLC
P.O BOX 440067
MIAMI, FL 33144



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2247624

Applied For
Not Applicable

Zip

Country

Zip

Country

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

UNLIMITED PROPERTY MANAGEMENT LLC
7655 NW 50 ST
MIAMI, FL 33166

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

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DD
NAME DOMINGUEZ, IDELISA ☒ Delete
STREET ADDRESS 7655 NW 50 ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800104109028
06/08/07--01015--002 **\$61.25

TITLE TD
NAME ROJAS, MARLENE ☐ Delete
STREET ADDRESS 7655 NW 50 ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME PINON, ANDRES ☐ Delete
STREET ADDRESS 7655 NW 50 ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME ALVARADO, CONCEPCION ☐ Delete
STREET ADDRESS 7655 NW 50 ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME PEREZ, EDEL ☐ Delete
STREET ADDRESS 7655 NW 50 ST
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #