

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90024 007 ****70.00

DOCUMENT # 767115 1. Entity Name INTERNATIONAL PARK CONDOMINIUM I ASSOCIATION, INC.					
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.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2247624 ☐ 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		
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 <u>UNLIMITED PROPERTY MANAGEMENT</u> Signature, typed or printed name of registered agent and title if applicable.			 (NOTE: Registered Agent signature required when reinstating)		<u>1/29/08</u> 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ROJAS, MARLENE		NAME		
STREET ADDRESS	7655 NW 50 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PINON, ANDRES		NAME		
STREET ADDRESS	7655 NW 50 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	ALVARADO, CONCEPCION		NAME	SD	
STREET ADDRESS	7655 NW 50 ST		STREET ADDRESS	AIVAREZ HILDA	
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP	7655 NW 50 ST	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	PEREZ, EDEL		NAME		
STREET ADDRESS	7655 NW 50 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33166		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>EDEL PEREZ</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>1/29/08 (305) 5539731</u> Date Daytime Phone #		