## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 01, 2007 8:00 am Secretary of State

Surface   Surf	1. Entity Nam LINDBER	MENT #767341 RGH'S LANDING HOMEOWNER ATION,INC.		I /	2-01-2007 9	90032 015 ****61	.25		
Suite, Apit, 4, etc:  City & State  Country  Country  Country  S. Certificate of Status Desired  S. S. F. Saddroad  For Required	C/O MIAMI MGMT., INC. C/C 14275 SW 142 AVE. 14		C/O MIAMI MGMT., INC. 14275 SW 142 AVE.		Ck Dates	1: 1\30	1112 013	  	
City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  \$3.75 Additional Feet Required  \$3.75 Additional Feet Required  For Required  To Name and Address of New Registered Agent  Name  Street Additions (P.O. Box Number is Not Acceptable)  Sireet Additions (P.O. Box Number is Not Acceptable)  Sireet Additions (P.O. Box Number is Not Acceptable)  Sireet Additions of registered agent, or both, in the State of Florida. I am familiar wini, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar wini, and accept the obligations of registered agent agent and the 1 applicable.  Filling Fool is \$61.25  Due by May 1, 2007  Pilling Fool is \$61.25  Due by	Principal Place of Business - No P.O. Box #     3. M.		. Mailing Address						
Country   Zp	Suite, Apt. #, etc.		Suite, Apt. #, etc		01052007 <sub>Ch</sub>	ıg-NP	CR2E037 (12/06)		
SUAREZ, XAVIER L 2600 DOUGLAS RD. #\$600 CORAL GABLES, FL 33143    City   FL   Zip Code	City & State		City & State		65-0136895 Not Applicable				
SUAREZ, XAVIER L 2600 DOUGLAS RD. #600 CORAL GABLES, FL 33143    City   FL   Zip Code	Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired			
SURATURE  2500 DOUGLAS RD. #600 CORAL GABLES, FL 33143  **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 obtigations of registered agent.  **SIGNATURE**    Filling Foe is \$61.25		6. Name and Address of Current Regis	itered Agent	Nome					
CORAL GABLES, FL 33143    City   FL   Zip Code	2600 DOUGLAS RD.								
B. 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, hypeot or printed name of registered agent and life if applicable.				City	City.				
TILE TO POTTER, PRESCILLA STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE VPD MAME STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE STREET ADDRESS STREET STREET STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33032  TILE SD DU PORTOR STREET STREET STREET STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33134  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33187  TILE NAME STREET ADDRESS STREET STREET ADDRESS CITY-ST-ZP MIAMI, FL 33134  TILE NAME STREET ADDRESS STREET STREET ADDRESS STREET				Oity	, FL zp code				
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	SIGNATURE								
TITLE	200 by may 1, 2001								
NAME   STREET ADDRESS   CITY-ST-ZIP   MIAMI, FL 33187   CITY-ST-ZIP	TITLE NAME STREET ADDRESS	PD TORRES, RAMON 17705 SW 15 S STREET		TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE	ES TO OFFICE			
NAME STREET ADDRESS 12301 SW 240 STREET CITY-ST-ZIP MIAMI, FL 33032  TITLE NAME HERA, ABEL STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33187  TITLE NAME ROBERTO, JULIO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	POTTER, PRESCILLA 18205 SW 158 STREET	Delete	NAME STREET ADDRESS		,	☐ Change	☐ Addition	
NAME STREET ADDRESS 13390 SW 158 STREET CITY-ST-ZIP MIAMI, FL 33187  TITLE NAME ROBERTO, JULIO STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33134  TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS		VPD		YIZLE					
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NAME STREET ADDRESS NAME STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RIVAS, MAURICO 12301 SW 240 STREET MIAMI, FL 33032 SD HERA, ABEL 13390 SW 158 STREET		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS					
CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated as this contact as qualify and that my signature shall have the same legal affect as if made under cath; that I am an officer or director.	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	RIVAS, MAURICO 12301 SW 240 STREET MIAMI, FL 33032 SD HERA, ABEL 13390 SW 158 STREET MIAMI, FL 33187 D ROBERTO, JULIO 110 SW 48 AVE	Œ Oelete	NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	

12. I nereby certify that the information supplied with this bifing 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 trusted 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 articles. With all other like empowered.

SIGNATURE: \_

of Programm

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Daytime Phone #