

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 769197

1. Entity Name
**GOYA INDUSTRIAL PARK PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**CIATION, INC.
2000 N.W. 92ND AVE
MIAMI, FL 33172**

Mailing Address
**CIATION, INC.
2000 N.W. 92ND AVE
MIAMI, FL 33172**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0055224

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ORTEGA, JOSE A.
300 ARVIDA PKWY.
GABLES ESTATES
CORAL GABLES, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDS ORTEGA, JOSE A. 300 ARVIDA PARKWAY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ORTEGA, LUCILA G. 300 ARVIDA PARKWAY CORAL GABLES, FL 33156
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000490605
04/18/06-80062-024 61.25

**DO NOT WRITE
IN THIS SPACE**

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

3/30/06 (305) 591-5785
Date Daytime Phone