

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90080 031 \*\*\*\*61.25

**DOCUMENT # 770834**

1. Entity Name  
**MILLER DREAMS II TOWNHOMES ASSOCIATION, INC.**



Principal Place of Business  
**C/O JPM SERVICES  
P.O. BOX 820210  
SOUTH FLORIDA, FL 33082-0210 US**

Mailing Address  
**C/O JPM SERVICES  
P.O. BOX 820210  
SOUTH FLORIDA, FL 33082-0210 US**

**24026902**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02172004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2616206**

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

**BECKER, POLIAKOFF & STREITFELD, P.A.  
ROSE DE LA CAMARA  
6161 BLUE LAGOON DR, #250  
MIAMI, FL 33126**

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

**Filing Fee is \$61.25  
Due by May 1, 2004**

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 PD  
NAME LEONARD, CHARLES ☐ Delete  
STREET ADDRESS 13353 SW 59TH TERR  
CITY-ST-ZIP MIAMI, FL 33183

TITLE VD  
NAME Diego Oguendo ☐ Change ☒ Addition  
STREET ADDRESS 13305 SW 59 TR.  
CITY-ST-ZIP MIAMI, FL 33183

TITLE D  
NAME ALBURY, CINDY ☒ Delete  
STREET ADDRESS 5911 SW 133 CT.  
CITY-ST-ZIP MIAMI, FL 33183

TITLE TD  
NAME CINDY ALBURY ☒ Change ☐ Addition  
STREET ADDRESS 5911 SW 133 CT.  
CITY-ST-ZIP MIAMI, FL 33183

TITLE VD  
NAME AVELLANEDA, ROGER ☒ Delete  
STREET ADDRESS 13356 S W 59 LANE  
CITY-ST-ZIP MIAMI, FL 33183

TITLE D  
NAME JOSE PADILLO ☒ Change ☐ Addition  
STREET ADDRESS 13346 SW 60 TR  
CITY-ST-ZIP MIAMI, FL 33183

TITLE SD  
NAME PIND, LULU ☐ Delete  
STREET ADDRESS 5917 SW 133 PL  
CITY-ST-ZIP MIAMI, FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD  
NAME PADILLA, JOSE ☒ Delete  
STREET ADDRESS 13346 SW 60 TR.  
CITY-ST-ZIP MIAMI, FL 33183

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemption stated in Section 119.07(3)(i), 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:** **Maria Pino**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-12-04 (954) 680-6214**  
Date Daytime Phone #