



FILED

May 07, 2007 8:00 am
Secretary of State

05-07-2007 90077 036 ****70.00

2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

| | | | | | |
|--|---|--|--|---|--|
| 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 | | |
| 2. Principal Place of Business - No P.O. Box # <i>No Courtesy Property Mgmt</i> Suite, Apt. #, etc. 13250 SW 135 Ave City & State Miami FL Zip 33184 Country USA | | Mailing Address <i>No Courtesy Property Mgmt</i> Suite, Apt. #, etc. 13250 SW 135 Ave City & State Miami FL Zip 33184 Country USA | | 40107706  04092007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 59-2616206 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, P.A. 121 ALHAMBRA PLAZA, SUITE 1000 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP | PD LEONARD, CHARLES 13353 SW 59TH TERR MIAMI, FL 33183 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD TOJEIRO, CARMEN D. 6040 SW 133 PLACE MIAMI FL 33183 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ALBURY, CINDY 5911 SW 133 CT. MIAMI, FL 33183 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD AVELLANEDA, ROGER 13356 SW 59 LN MIAMI, FL 33183 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SOBRADO, JESUS 5919 SW 133 CT. MIAMI, FL 33183 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FUNDORA, ORESTES 5914 SW 133 PL MIAMI FL 33183 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD TRAVIESO, LUIS 5920 SW 133 PL MIAMI, FL 33183 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MACHADO-TARRIO, LORIE 6024 SW 133 CT MIAMI FL 33183 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD OQUENDO, DIEGO 13305 SW 59 TR. MIAMI, FL 33183 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>Carmen D. Tojeiro</i></u> 5/6/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |