

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90384 043 \*\*\*\*61.25

**DOCUMENT # N00000004384**

1. Entity Name  
**ALMERIA LAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**550 BILTMORE WAY STE 740  
MIAMI, FL 33134**

Mailing Address

**550 BILTMORE WAY STE 740  
MIAMI, FL 33134**

**DO NOT WRITE IN THIS SPACE**



04162004 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**65-1127605**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**DRAKE, JENNIFER B  
BECKER & POLIAKOFF, P.A.  
3111 STIRLING RD  
FT LAUDERDALE, FL 33312**

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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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME ROGER, OSCAR  
STREET ADDRESS 550 BILTMORE WAY STE 740  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VSTD  
NAME CASTRO, MAYREN  
STREET ADDRESS 550 BILTMORE WAY STE 740  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE TD  
NAME GARCIA, E. L  
STREET ADDRESS 550 BILTMORE WAY STE 740  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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:**

*Mayren R. Castro* **MAYREN R. CASTRO** 4/30/04

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #