2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-27-2004 90012 032 ****70.00 **DOCUMENT # N00000005469** CITYPLACE GARDEN APARTMENTS CONDOMINIUM ASSOCIATION, INC. 54012416 Principal Place of Business Mailing Address 2828 CORAL WAY PENTHOUSE SUITE 2828 CORAL WAY PENTHOUSE SUITE MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 02092004 Chg-NP CR2E037 (10/03) City & State City & State FEI Number NOT APPLICABLE Applied For Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HERNANDEZ, ANGEL 2828 CORAL WAY, PENTHOUSE SUITE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33145 City Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Due by May 1, 2004 Trust Fund Contribution. Floride Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD + ☐ Delete TITLE ☐ Change Addition TITLE ROCHA, ROBERTO S NAME NAME 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP STDV Delete TITLE Change Addition TITLE HERNANDEZ, ANGEL NAME NAME STREET ADDRESS 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP Defete ☐ Change Addition TITLE TITLE HEREDIA, IVAN BALLARD, TROY NAME NAME 2828 CORAL WAY PENTHOUSE SUITE STREET ADDRESS 2828 CORAL WAY STREET ADDRESS MIAMI_FL_33145___ CITY-ST-ZIP= CITY-ST-ZIP Delete ☐ Change Addition TITI F TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Channe ☐ Addition TITLE Delete TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ANGEL HERNANDEZ

FILED

Feb 27, 2004 8:00 am Secretary of State