

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000007361

1. Entity Name
FORMATIVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**14160 PALMETTO FRANTAGE RD
PH 32
MIAMI LAKES, FL 33016**

Mailing Address

**14160 PALMETTO FRANTAGE RD
PH 32
MIAMI LAKES, FL 33016**



02132007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RINEHART, WAYNE
14160 PALMETTO FRONTAGE RD, PH 32
HIALEAH, FL 33016**

**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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000638833
02/27/07-80046-013 61.25**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	RINEHART, WAYNE
STREET ADDRESS	14160 PALMETTO FRONTAGE RD PH-32
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	D
NAME	BENITEZ, VICTOR
STREET ADDRESS	14160 PALMETTO FRONTAGE RD PH-32
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

2/7/07
Date

(305) 558-4096
Daytime Phone #