2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 08, 2008 8:00 am Secretary of State

DOCUMENT # N0000007463 1. Entity Name CAZADORES SOUTH HOMEOWNER'S ASSOCIATION, INC.					02-08-2008 900	025 023 ****	61.25	
Principal Place of Business C/O LAND CAP PROPERTY SVCS 13800 SW 144 AVE RD MIAMI, FL 33186 Mailing Address C/O LAND CAP PROPERTY SVC 13800 SW 144 AVE RD MIAMI, FL 33186			svcs		1831 DEN 8831 EEN BEN E	8) [F8] 8 8] 8 8 8]	HE II III	
2. Principal Place of Business - No P.O. Box # 3. M		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 C	thg-NP CR2	2E037 (12/06)		
City & State		City & State		4. FEI Number 03-043275	4. FEI Number Applied For 03-0432759 Not Applicable			
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Add	dress of New Registe	red Agent		
CHITC CTERLEN			Name	Name				
SUITS, STEPHEN C/O LAND CAP PROPERTY SERVICES MIAMI, FL 33186			Street Add	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 talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
	Signature, typed or printed name of registered agen	it and title if applicable. {NOTE: Req	gistered Agent signature	e required when reinstating)	D	ATÉ		
	Filling Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be	Make c	heck payable to		
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	Make c	heck payable to epartment of St	ate -	
10.	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campa Trust Fund Cont	iign Financing tribution.	\$5.00 May Be Added to Fees	Make c Florida De	heck payable to epartment of St	ate -	
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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

Date Daytime Phone #