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

FILED Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90243 037 ****70.00

DOCUMENT # N00000008043

Principal Place of Business

SIGNATURE:

1. Entity Name
GARDEN VILLAS COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.



10505 WEST OKEECHOBEE ROAD 10505 WEST OKEECHOBEE ROAD HIALEAH GARDENS, FL 33018 HIALEAH GARDENS, FL 33018 2. Principal Place of Business 3. Mailing Address Suite: Apt. #, etc. Suite, Apt. #, etc. 04062004 City & State 4. FEI Number City & State

Mailing Address

	54030364						

Chg-NP

CR2E037 (10/03)

305-557-0100 Daytime Phone #

Applied For

				65-110588	J	, No	t Applicable		
Ζip	Country	Zip	Country	5. Certificate of Sta	itus Desired	\$8.75 Add Fee Require			
	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered Agent					
			Name						
AKVAREZ, JUAN				Hdroce (B.O. Boy Number is N	lot Accortable)				
10440 NW HIALEAH,			Sileet At	Street Address (P.O. Box Number is Not Acceptable)					
MIALEAD,	FL 33016				·		•		
			City			■ Zip Cod	n.		
ă,	•		l Oity		F	L Zip Codi	•		
	named enlity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered agent, or both, in	the State of Florida. 1 a	am familiar with,	and accept		
•									
JIGHATURE.	·				DAT	-			
	Signature, Julier or printed name of registered agent s	ind title if applicable. (NOT	E: Hagistered Agent signati	re required when reinstating)	DAI	t .			
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Car Trust Fund C	npaign Financing Contribution.	S5.00 May Be Added to Fees		eck payable to partment of S			
10.	OFFICERS AND DIF	ECTORS.	11.		S TO OFFICERS AND	DIRECTORS IN	I 10		
10.	PD : OFFICERS AND DIE	Delete	TITLE	ADDITIONOJOTIANOL	to 10 of 110cho Aito	☐ Change	Addition		
NAMI	ALVAREZ. JUAN	□ Detete	NAME			Change	- Addition		
STEEL LADORESS	10505 WEST OKEECHOBEE RC	AD	STREET ADDRESS						
ORY SE AP	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP						
IIIII-	VD	☐ Delete	TITLE			☐ Change	Addition		
NAML	RODRIGUEZ, MARIA M		NAME			_ •	_		
SUBTLIADORESS	10505 WEST OKEECHOBEE RC	AD	STREET ADDRESS						
CILY SEZIF	HIALEAH GARDENS, FL 33018		CITY-ST-ZIP						
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NAM			NAME						
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CHY 51 7H1			CITY-ST-ZIP						
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Chestale			CITY-ST-7IP						
titii		☐ Delete	TITLE			☐ Change	Addition		
NaMi			NAME						
SDAFT ADDRESS			STREET ADORESS						
CHA 21 Mb			CITY-ST-ZIP						
12. Thereby of the color of the color changed	certify the five information supplied with don this report or supplemental report is reporation or the receiver or trustee empored, or on an address, we	this filing does not qualify for true and accurate and that twered to execute this repor with all other like empowered	or the exemption sta my signature shall h t as required by Cha t.	ted in Section 119.07(3)(i), Florate the same legal effect as apter 617, Florida Statutes; an	orida Statutes. I further if made under oath; the id that my name appea	certify that the i at I am an office ars in Block 10 o	nformation or director r Block 11 if		

JUAN ALVAREZ,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR