


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
04 JAN 22 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N-00-00000-8250

1. Entity Name
16700 CONDOMINIUM ASSOCIATION, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2500 NW 97 AVE Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FLORIDA Zip 33172	3. Mailing Address 2500 NW 97 AVE Suite, Apt. #, etc. SUITE 200 City & State MIAMI, FLORIDA Zip 33172
Country DADE	Country DADE

800025938638
01/02/04--01051--006 **\$1.25

DO NOT WRITE IN THIS SPACE

BEING STATED BY
FEL Number 651083389
Not Applicable

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent

Name SPM GROUP

Street Address (P.O. Box Number is Not Acceptable)
2500 NW 97 AVE SUITE # 200

City MIAMI FL Zip Code 33172

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] (NOTE: Registered Agent signature required when reinstating) DATE 12/29/03

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JESUS CITRONNELLE 16700 NW 55 AVE # 2 MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TERRESA CITRONNELLE 16700 NW 55 AVE # 4 MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CADIZ, ROLANDO 16700 NW 55 AVE # 12 MIAMI, FL 33055	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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800025938638
01/22/04--01012--020 **\$58.75

DO NOT WRITE 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 on an attachment with an address, with another like empowered.

SIGNATURE: [Signature] Date 12-29-03 Daytime Phone # _____

CR2E037B (12/02)