

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90027 004 ****61.25

DOCUMENT # N00000008250

1. Entity Name
16700 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

16700 NW 55TH AVE.
MIAMI, FL 33055

Mailing Address

2011 W. 62ND STREET
HIALEAH, FL 33016

40055323



03252008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1083389	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

AMERICAN MANAGEMNET & REALTY, INC.
2011 W. 62ND STREET
HIALEAH, FL 33-0169

**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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CITRONNELLE, JESUS
STREET ADDRESS	16700 NW 55 AVE #2
CITY-ST-ZIP	MIAMI, FL 33055

TITLE	SD
NAME	CITRONNELLE, TERESA
STREET ADDRESS	16700 NW 55 AVE #4
CITY-ST-ZIP	MIAMI, FL 33055

TITLE	TD
NAME	CADIZ, ROLANDO
STREET ADDRESS	16700 NW 55 AVE #12
CITY-ST-ZIP	MIAMI, FL 33055

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-08

Date

305 558-9820

Daytime Phone #