

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90002 046 \*\*\*\*61.25

**DOCUMENT # N01000004184**

1. Entity Name

**3130-32 GIFFORD LANE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**3132 GIFFORD LANE  
MIAMI FL 33133  
US**

Mailing Address

**3132 GIFFORD LANE  
MIAMI FL 33133  
US**

**54071955**



MOORE CR2E037 (4/04)

2. Principal Place of Business

**3130 Gifford Lane  
Suite, Apt. #, etc.  
MIAMI, FL 33133  
City & State  
MIAMI, FL.**

3. Mailing Address

**3130 Gifford Lane  
Suite, Apt. #, etc.  
MIAMI, FL.  
City & State**

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MACHADO, JOSE M D  
3132 GIFFORD LANE  
MIAMI FL 33133**

7. Name and Address of New Registered Agent

Name **WALTER LEIBER**  
Street Address (P.O. Box Number is Not Acceptable)  
**3130 Gifford Lane**  
City **MIAMI** FL Zip Code **33133**

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

**9/4/04**

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

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	D	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, GISELA D	
STREET ADDRESS	3132 GIFFORD LANE	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACHADO, JOSE M DP	
STREET ADDRESS	3132 GIFFORD LANE	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, STEVE D	
STREET ADDRESS	3130 GIFFORD LANE	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOHERTY, JAMES D	
STREET ADDRESS	3130 GIFFORD LANE	
CITY - ST - ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry Garber	
STREET ADDRESS	3132 Gifford Lane	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Garber	
STREET ADDRESS	3132 Gifford Lane	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Walter Leiber	
STREET ADDRESS	3130 Gifford Lane	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Leiber	
STREET ADDRESS	3130 Gifford Lane	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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 #

**9/4/04 786-346-6927**