

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N01000004569

1. Entity Name
NHDC BARCELONA, INC.



Principal Place of Business
1407 JEFFERSON STREET
JACKSONVILLE, FL 32209

Mailing Address
10681 FOOTHILL BLVD
220
RANCHO CUCAMONGA, CA 91730

2. Principal Place of Business

3. Mailing Address

9005 Haven Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 100 - Attn: Teri Tolino

City & State

City & State

Rancho Cucamonga, CA

Zip

Country

Zip

Country

91730

USA

04202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3728326

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

Name

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME RESENDEZ, ARNOLDO H
STREET ADDRESS 10681 FOOTHILL BLVD SUITE 220
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME CASTILLO, LISA
STREET ADDRESS 10681 FOOTHILL BLVD SUITE 220
CITY-ST-ZIP RANCHO CUCAMONGA, CA 91730

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOPEZ, ARTURO
STREET ADDRESS 778 WEST PALM DRIVE
CITY-ST-ZIP FLORIDA CITY, FL 33034

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

FILED

06 MAY 15 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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4-26- 905-483-2444