

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90002 028 ****61.25

DOCUMENT # N01162

1. Entity Name
LA MIRAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
5445-5511 W 22 CT
HIALEAH, FL 33016 US

Mailing Address
C/O CAM MANAGEMENT SERV.
P.O. BOX 5103
HIALEAH, FL 33014-1103

50026273



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07052006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-2414956

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GONZALEZ, ANITA
1800 W 49 ST #330
HIALEAH, FL 33012

Name Anita Gonzalez

Street Address (P.O. Box Number is Not Acceptable)

CAM Management Services

6175 N.W. 167 St. Unit G1

City Miami Lakes,

FL

Zip Code 33015

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

Anita Gonzalez

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/05/06

DATE

Filing Fee is \$61.25
Due by September 6, 2006

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 TD
NAME YZQUIERDO, BELKS ☒ Delete
STREET ADDRESS 5447 W 22 CT
CITY-ST-ZIP HIALEAH, FL 33016

TITLE PID
NAME Belkis Yzquierdo ☒ Change ☐ Addition
STREET ADDRESS 5447 W. 22 Ct.
CITY-ST-ZIP Hialeah, FL 33016

TITLE SD
NAME REAL, LESTER ☒ Delete
STREET ADDRESS 5457 W 22 CT
CITY-ST-ZIP HIALEAH, FL 33016

TITLE TID
NAME Lester Real ☒ Change ☐ Addition
STREET ADDRESS 5457 W. 22 Ct.
CITY-ST-ZIP Hialeah, FL 33016

TITLE PD
NAME SOLAR, RAUL ☒ Delete
STREET ADDRESS 5463 W 22ND CT
CITY-ST-ZIP HIALEAH, FL 33016

TITLE SID
NAME Marlenis Vera ☐ Change ☒ Addition
STREET ADDRESS 5477 W 22 Ct.
CITY-ST-ZIP Hialeah, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Belkis Yzquierdo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Belkis Yzquierdo

8/10/06

Date

305-826-9191

Daytime Phone #