

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90035 015 ****70.00

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1. Entity Name
TRAIL GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
**649 S.W. 9TH STREET
#107
MIAMI, FL 33130**

Mailing Address
**649 S.W. 9TH STREET
#107
MIAMI, FL 33130**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1409109

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

**FERNANDEZ, JOSE A
649 S.W. 9TH STREET
APT 107
MIAMI, FL 33182**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PTD	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOSE A	
STREET ADDRESS	649 SW 9 STREET APT 107	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, NICOLAS O	
STREET ADDRESS	649 SW 9 STREET APT 106	
CITY-ST-ZIP	MIAMI, FL 33130	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ACOSTA, ROCLFA	
STREET ADDRESS	201 SUNRISE DRIVE	
CITY-ST-ZIP	KEY BISCAVNE, FL 33149	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	DE LA VEGA, MARINA	
STREET ADDRESS	649 SW 9 ST., APT. 203	
CITY-ST-ZIP	MIAMI, FL 33130	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ORLANDO M.	
STREET ADDRESS	649 SW 9 ST APT 106	
CITY-ST-ZIP	MIAMI, FL 33130	
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		
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 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:

Jose A Fernandez **Jose Fernandez - President**

3-20-07

Date

Daytime Phone #

786-280

3893