2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008525

1. Entity Name
AMELIA PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
275 W. 68 STREET UNIT 101 HIALEAH, FL 33014	275 W. 68 STREET UNIT 101 HIALEAH, FL 33014

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01122006 No Chg-NP CR2E037 (11/05)

4. FEI Number
45-0495742
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

AQUIRRE, YAZMIN
275 WEST 68 STREET
UNIT 101
HIALEAH, FL 33014

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AGUIRRE, YAZMIN
STREET ADDRESS	275 W. 68 STREET, UNIT 101
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	VD
NAME	GARCIA, EUSEBIO
STREET ADDRESS	275 W. 68 STREET, UNIT 109
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	VD
NAME	OBIEDO, MARTA
STREET ADDRESS	275 W. 68 STREET, UNIT 110
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	SD
NAME	SALAZAR, FRANCIS
STREET ADDRESS	275 W. 68 STREET, UNIT 105
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Yazmin Aguirre 2/9/06 (305)628 4000 x117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #