

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008525

FILED
Mar 15, 2009
Secretary of State

Entity Name: AMELIA PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

275 W. 68 STREET
UNIT 101
HIALEAH, FL 33014

New Principal Place of Business:

Current Mailing Address:

275 W. 68 STREET
UNIT 101
HIALEAH, FL 33014

New Mailing Address:

FEI Number: 45-0495742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AGUIRRE, YAZMIN
Address: 275 W. 68 STREET, UNIT 101
City-St-Zip: HIALEAH, FL 33014

Title: VD () Delete
Name: GONZALEZ, JESUS
Address: 275 W. 68 ST. UNIT 104
City-St-Zip: HIALEAH, FL 33014

Title: S () Delete
Name: DELGADO, MARCOS
Address: 275 W 68 ST UNIT 103
City-St-Zip: HIALEAH, FL 33014

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: GONZALEZ, GUILLERMO
Address: 275 W. 68 ST. UNIT 105
City-St-Zip: HIALEAH, FL 33014

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T () Change (X) Addition
Name: GONZALEZ, JESUS
Address: 275 W 68 ST UNIT 104
City-St-Zip: HIALEAH, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAZMIN AGUIRRE

PD

03/15/2009

Electronic Signature of Signing Officer or Director

Date