

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90213 010 ****70.00

DOCUMENT # N02000009210 1. Entity Name CANTAMAR HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business C/O SOUTESY PROPERTY MGMT 13250 SW 135 AVENUE MIAMI, FL 33186 <i>C/O T&G Mgmt Svcs, Inc.</i>		Mailing Address C/O SOUTESY PROPERTY MGMT 13250 SW 135 AVENUE MIAMI, FL 33186 <i>C/O T&G Mgmt Svcs, Inc.</i>	
2. Principal Place of Business - No P.O. Box # 18001 Old Cutler Rd. Suite, Apt. #, etc. SUITE 521 City & State Palmetto Bay, FL Zip 33157 Country		3. Mailing Address 18001 Old Cutler Rd. Suite, Apt. #, etc. SUITE 521 City & State Palmetto Bay, FL Zip 33157 Country	
4. FEI Number 43-1999087		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: <i>T & G Management Services, Inc</i> Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road SUITE 521 City: <i>Palmetto Bay</i> FL Zip Code: <i>33157</i>	
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: <i>T & G Management Services, Inc.</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	P GRENE, JEFFREY 20434 SW 88 AVENUE MIAMI, FL 33189 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADRIAN LOPEZ 8904 SW 206 STREET MIAMI, FL 33189 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ESTAVILLO, ROCIO 20609 SW 90 PLACE MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VENTURA, ENRIQUE 8824 SW 206 LANE MIAMI, FL 33189 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <i>5/28/08</i> Daytime Phone #: <i>305-608-6106</i>	

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