


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90013 049 \*\*\*\*61.25

<b>DOCUMENT # N03000002829</b>					
<b>1. Entity Name</b> MURANO AT HAMPTON PARK NO. 7 CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O J & L PROPERTY MANAGEMENT, INC. 10191 W SAMPLE RD STE 203 CORAL SPRINGS, FL 33065			<b>Mailing Address</b> 8540 SW 25 COURT 12270 SW 39RD ST FORT LAUDERDALE, FL 33325		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03272008    Chg-NP    CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>42-1591255</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
J & L PROPERTY MANAGEMENT, INC. 10191 W SAMPLE RD STE 203 CORAL GABLES, FL-33065			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALVAREZ, RENE 8335 SW 29 STREET MIRAMAR, FL 33025		PD ALVAREZ, RENE 8335 SW 29 STREET		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILINAZZO, SHARON 8335 SW 29 STREET MIRAMAR, FL 33025		V.O. MILINAZZO SHARON 8387 SW 29 STREET		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		WARREN MARCUS 8382 SW 29 STREET SEC.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		[Empty]		
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	