

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000006571

1. Entity Name
DURHAM PARK NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business
**1910 NW 13 ST
MIAMI, FL 33125**

Mailing Address
**PO BOX 350621
MIAMI, FL 33135**



05012005 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AGUIRRE, HORACIO S
101 MADEIRA AVE
SUITE 200
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUIRRE, HORACIO S 1910 NW 13 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMAR, JUDITH M 2040 NW 13 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURCH, B. 2061 NW 14TH ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FREMONT, ANN B 2011 NW 14TH ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-60142-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ann B. Fremont **Ann B. Fremont** 4-30-05 305-632-424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #