

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008758

1. Entity Name
2421-2423 NW 99TH TERRACE TOWNHOME
ASSOCIATION, INC.



Principal Place of Business
2421 NW 99 TERR.
MIAMI, FL 33166

Mailing Address
2421 NW 99 TERR.
MIAMI, FL 33166

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07272004 Chg-NP CR2E037 (10/03)

4. FEI Number

56-2474434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRITO & YOUNG PROFESSIONAL LIMITED COMPANY
1001 BRICKELL BAY DR., STE. 1804
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME MIRALDA, ROY E
STREET ADDRESS 2421 NW 99 TERR.
CITY-ST-ZIP MIAMI, FL 33166

TITLE D ☐ Delete
NAME MIRALDA, ROY
STREET ADDRESS 2421 NW 99 TERR.
CITY-ST-ZIP MIAMI, FL 33166

TITLE D ☐ Delete
NAME TRAPP, FREDRICKA
STREET ADDRESS 2423 NW 99 TERR.
CITY-ST-ZIP MIAMI, FL 33166

TITLE D ☐ Delete
NAME TRAPP, CLIFTON
STREET ADDRESS 2423 NW 99 TERR.
CITY-ST-ZIP MIAMI, FL 33166

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 600040496320
STREET ADDRESS 08/25/04--01045--002 **\$61.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08.06.04

FILED

04 AUG 20 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

