


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90071 006 \*\*\*\*61.25

**DOCUMENT # N03000008827**  
1. Entity Name  
**747 PONCE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**747 PONCE DE LEON BLVD STE 612**      **747 PONCE DE LEON BLVD STE 612**  
**CORAL GABLES FL 33134**      **CORAL GABLES FL 33134**

34050100



MOORE CR2E037 (11/03)

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number      Applied For  
**75-3136187**      Not Applicable  
5. Certificate of Status Desired  **\$8.75-Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**MACIA, SERGIO**  
**747 PONCE DE LEON BLVD STE 612**  
**CORAL GABLES FL 33134**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 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	PD	<input type="checkbox"/> Delete
NAME	MACIA, SERGIO	
STREET ADDRESS	747 PONCE DE LEON BLVD STE 612	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	VS	<input type="checkbox"/> Delete
NAME	VILANOVA, SALVADOR	
STREET ADDRESS	747 PONCE DE LEON BLVD STE 612	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CLAVERO, OMAR	
STREET ADDRESS	747 PONCE DE LEON BLVD STE 612	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  **SERGIO MACIA PRESIDENT**      3/23/04      (305)444-1771  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #