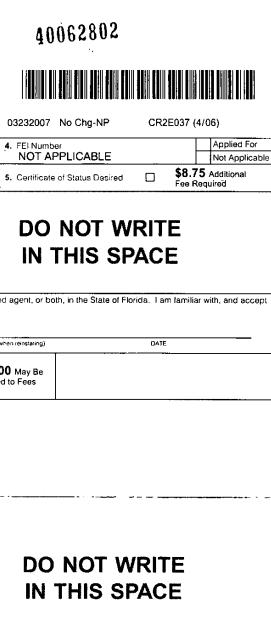
## **2007 NOT-FOR-PROFIT CORPORATION** ANNUAL REPORT DOCUMENT # N0400000576 LA SAMANNA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7990 SW 117 AVE #137 7990 SW 117 AVE #137 MIAMI, FL 33183 MIAMI, FL 33183

## **FILED** Apr 16, 2007 8:00 am Secretary of State

04-16-2007 90080 049 \*\*\*\*61.25



## DO NOT WRITE IN THIS SPACE

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

| 6. Name and Address of Current Registered Agent   |  |   |                               |                                |  |
|---|--|---|-------------------------------|--------------------------------|--|
| VIAS, ANTONIO<br>7990 SW 117 AVE #137<br>MIAMI, FL 33183  |  |   | DO NOT WRITE<br>IN THIS SPACE |                                |  |
| 8. The above the obligat  | named entity tuby its this statement for the pions of registered agent | erpose of changing its registere                        | d office or re                | egistered agent, or bo         | th, in the State of Florida. I am familiar with, and accept  |
| Signature, upped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated agent and title if applicable. |  |   |                               |                                | DATE   |
| · · · · · · · · · · · · · · · · · · ·   | Filing Fee is \$61.25<br>Due by May 1, 2007                            | 9. Election Campaign Finant<br>Trust Fund Contribution. | cing                          | \$5.00 May Be<br>Added to Fees |  |
| 10.   | OFFICERS AND DIREC   | TORS  |                               |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>VIAS, ANTONIO<br>7990 SW 117 AVE #137<br>MIAMI, FL 33183          | 1   |                               |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>VIAS, CARLOS<br>7990 SW 117 AVE #137<br>MIAMI, FL 33183           |   |                               |                                |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>GUZMAN, MELISSA<br>7990 SW 117 AVE #137<br>MIAMI, FL 33183        |   | DO NOT WRITE                  |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   | IN THIS SPACE                 |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |                               |                                |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |                               |                                |  |
| indicated   | on this report or supplemental/report is true-a                        | ind accurate and that my signati                        | ire shall hav                 | e the same legal effec         | 9. Florida Statutes. I further certify that the information<br>of as if made under oath; that I am an officer or director<br>as; and that my name appears in Block 10 or Block 11 if |

NAME OF SIGNING OFFICER OR DIRECTOR