

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

04-16-2007 90327 016 ****61.25

DOCUMENT # N04000006462

1. Entity Name
LA SAMANNA II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**7990 SW 117 AVE #137
MIAMI, FL 33183**

Mailing Address
**7990 SW 117 AVE #137
MIAMI, FL 33183**

DO NOT WRITE IN THIS SPACE



03232007 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**VIAS, ANTONIO
7990 SW 117 AVE #137
MIAMI, FL 33183**

**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

Antonio Vias
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 May 1, 2007**

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
**D
VIAS, ANTONIO
7990 SW 117 AVE #137
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VIAS, CARLOS
7990 SW 117 AVE #137
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GUZMAN, MELISSA
7990 SW 117 AVE #137
MIAMI, FL 33183**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Antonio Vias
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-07

Date

305-598-6303

Daytime Phone #