

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N04000006871

1. Entity Name
1675 PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1681 NW 97TH AVE
MIAMI, FL 33172

Mailing Address
1681 NW 97TH AVE
MIAMI, FL 33172



03192008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0309742

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DE LEO, RICCARDO
1845 NW 112 AVENUE
UNIT 199
MIAMI, FL 33172

**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

RICCARDO DE LEO

3/19/08

Signature of registered agent or registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SUAREZ, FERNANDO
STREET ADDRESS 1687 NW 112TH AVENUE
CITY-ST-ZIP MIAMI, FL 33172

TITLE SD
NAME DEL LEO, SANTE
STREET ADDRESS 1681 NW 97TH AVENUE
CITY-ST-ZIP DORAL, FL 33172

TITLE VD
NAME CALDERON, VICTOR
STREET ADDRESS 1675 NW 97TH AVE
CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000866613
04/03/08-80037-010 61.25

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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:

SANTE DE LEO

3/19/08

3/5940850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #