2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State
04-10-2008 90025 045 ****61.25

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1. Entity Name
NETHERLANDS NEIGHBORHOOD ASSOCIATION, INC.

40064184

Principal Place of Business	Mailing Address
1150 N.W. 72ND AVENUE SUITE 530 MIAMI, FL 33126	1150 N.W. 72ND AVENUE SUITE 530 MIAMI, FL 33126

01152008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - NO P.O. Box #	3. Mailing Address
c/o Cables Prof.	c/o Cables Prof.
Suite, Apt. #, etc. 300 Aragon Ave #210	Suite, Apt. #, etc. 300 Aragon Ave #210
City & State Coral Gables, FL	City & State Coral Gables, FL
Zip / Country 33134 / Miami-Dade	Zip / Country 33134 / Miami-Dade

4. FEI Number
20-1703132
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

JEFFREY R. MARGOLIS, P.A.
C/O DUANE MORRIS LLP
200 SOUTH BISCAYNE BLVD., SUITE 3400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Juan A. Sanchez, P.A.
Street Address (P.O. Box Number is Not Acceptable): 10251 Sunset Dr. #A-106
City: Miami, FL **FL** Zip Code: 33173

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: Juan A. Sanchez 4/7/08
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, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RABELL, LUIS 1150 N.W. 72ND AVENUE, SUITE 530 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Ortiz, Ilan F. 11486 NW 80 St. Miami, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RABELL, MAYRA 1150 N.W. 72ND AVENUE, SUITE 530 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Borrero, Johanna 7984 NW 114 Place Miami, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD RICO, CRISTINA 1150 N.W. 72ND AVENUE, SUITE 530 MIAMI, FL 33126	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Caban, Benjamin J. 7951 NW 114 Court Miami, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Eheza Grace Ivana 8163 NW 114 PATH Miami, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Aranda, Jose A. 7962 NW 114 Court Miami, FL 33178	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lopez, Carina 7973 NW 114 Place Miami, FL 33178	☒ Addition	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Clark, Robert 1560 NW 79 Lane Miami, FL 33178	☐ Change ☒ Addition

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: ✓ 4/2/08 305 599 0913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #