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

**DOCUMENT # N04000011692**

**1.** Entity Name
SANTONA CORNER CONDOMINIUM OWNERS'
ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6915 RED ROAD<br>SUITE 205<br>CORAL GABLES, FL  33143 | 6915 RED ROAD<br>SUITE 205<br>CORAL GABLES, FL  33143 |

## DO NOT WRITE IN THIS SPACE

04262007   No Chg-NP          CR2E037 (4/06)

| **4.** FEI Number | Applied For |
|---|---|
| NOT APPLICABLE | Not Applicable |

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

### 6. Name and Address of Current Registered Agent

TAHA, DANNY S
6915 RED ROAD STE 205
MIAMI, FL  33143

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_____
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 | P |
| NAME | TAHA, DANNY S |
| STREET ADDRESS | 6915 RED ROAD, SUITE 205 |
| CITY-ST-ZIP | CORAL GABLES, FL  33143 |
| TITLE | VP |
| NAME | TAHA, SAMIR |
| STREET ADDRESS | 6915 RED ROAD, SUITE 205 |
| CITY-ST-ZIP | CORAL GABLES, FL  33143 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000748124
05/17/07-80053-019 61.25

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: _____    4/25/07   35 665 6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR          Date          Daytime Phone #