

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

**FILED**

**Feb 12, 2007 08:00 AM  
Secretary of State**

**DOCUMENT # N04343**

**1. Entity Name**  
1520 SALZEDO CONDOMINIUM ASSOCIATION, INC.



**Principal Place of Business**  
1520 SALZEDO ST.  
CORAL GABLES, FL 33134

**Mailing Address**  
1520 SALZEDO ST.  
CORAL GABLES, FL 33134



01032007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-2497277

Applied For  
Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75** Additional  
Fee Required

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

VALDES, ISABEL M  
1520 SALZEDO STREET, APT C  
CORAL GABLES, FL 33134

**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** PD  
**NAME** VALDES, ISABEL M  
**STREET ADDRESS** 1520 SALZEDO COURT  
**CITY-ST-ZIP** CORAL GABLES, FL 33134

**TITLE** TD  
**NAME** PALACIO, MARGARITA N.  
**STREET ADDRESS** 1520 SALZEDO ST.  
**CITY-ST-ZIP** CORAL GABLES, FL

**TITLE** SD  
**NAME** FLEITES, MARIA  
**STREET ADDRESS** 1520 SALZEDO ST.  
**CITY-ST-ZIP** CORAL GABLES, FL

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
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**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

000000634243  
02/22/07-80002-001 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07 786-859-2286