

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

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N04380**

1. Entity Name  
**EL LAGUITO CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**9571 NW 45TH ST  
MIAMI, FL 33178 US**

Mailing Address  
**9571 NW 45TH ST  
MIAMI, FL 33178 US**



02152007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**FERNANDEZ, VICTOR  
9571 NW 45 ST  
MIAMI, FL 33178**

**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 \$81.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PO
NAME	FERNANDEZ, VICTOR
STREET ADDRESS	9571 NW 45TH ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VD
NAME	FERNANDEZ, ESPERANZA
STREET ADDRESS	9571 NW 45TH ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	STD
NAME	FERNANDEZ, ELENA
STREET ADDRESS	11340 SW 93 CT.
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000646464  
03/06/07-80032-011 70.00

**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

**Pres. Victor Fernandez 2/14/07 305-463-8015**

Date

Daytime Phone #