


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # N04523 1. Entity Name THE O.D.A. HOMES CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6001 SW 137 CT. UNIT A MIAMI, FL 33183	Mailing Address 13876 SW 56TH ST 265 MIAMI, FL 33175 US
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2544131	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MANTILLA, GILBERTO 13876 SW 56TH ST #265 MIAMI, FL 33175

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANTILLA, GILBERTO 6601A SW 137TH CT. MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILLEGAS, LEONOR 14243 NW 22ND ST PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARTINEZ, OFELIA 6601C SW 137 CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDERI, LUIS 6611-D SW 137 CT MIAMI, FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000136147
01/21/05-80044-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	PRESIDENT 1-15-05 (305) 595-3020 <small>Date Daytime Phone #</small>
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