

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90192 026 ****61.25

DOCUMENT # N04523 1. Entity Name THE O.D.A. HOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 6001 SW 137 CT. UNIT A MIAMI, FL 33183		Mailing Address 13876 SW 56TH ST 265 MIAMI, FL 33175 US	
2. Principal Place of Business - No P.O. Box # 6671 SW 137 CT		3. Mailing Address P.O. Box 832335	
Suite, Apt. #, etc. C		Suite, Apt. #, etc. 	
City & State M/MI		City & State MIAMI FL	
Zip FL		Zip 33283	
Country USA		Country USA	
4. FEI Number 59-2544131		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANTILLA, GILBERTO 13876 SW 56TH ST #265 MIAMI, FL 33175		7. Name and Address of New Registered Agent Name LILLIANA M. FARINAS Becker & Poliskoff Street Address (P.O. Box Number is Not Acceptable) 121 ALHAMBRA PLAZA 10TH FLOOR City CORAL GABLES FL Zip Code 33134	
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. (NOTE: Registered Agent signature required when reinstating)</small>		DATE 4/20/07	
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$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 PD NAME MANTILLA, GILBERTO STREET ADDRESS 6601A SW 137TH CT. CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete	TITLE PD NAME CHRISTIAN, JUTTA STREET ADDRESS 6671-D SW 137 CT CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TS NAME CHRISTIAN, JUTTA STREET ADDRESS 6671-D SW 137 CT. CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE V NAME LUGO, PABLO STREET ADDRESS 6601-D SW 137 CT CITY-ST-ZIP MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LU, PABLO STREET ADDRESS 6601-D SW 137 CT. CITY-ST-ZIP MIAMI, FL 33183	<input type="checkbox"/> Delete	TITLE TS NAME GIBER, YBIS STREET ADDRESS 6661-C SW 137 CT CITY-ST-ZIP MIAMI FL 33183	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ARDERI, LUIS STREET ADDRESS 6611-D SW 137 CT CITY-ST-ZIP MIAMI, FL 33183	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME REYNOSO, WILMER STREET ADDRESS 13876 SW 56 ST. #265 CITY-ST-ZIP MIAMI, FL 33175	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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 the empowered.			
SIGNATURE:		Date 3-19-07 (305)	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Daytime Phone #</small>	