# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 22, 2007 8:00 am**
**Secretary of State**
03-22-2007 90013 002 ****61.25

60027399

DOCUMENT # N05000000237

1. Entity Name
MENDOZA VILLAGE CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1804 PONCE DE LEON BLVD.<br>CORAL GABLES, FL 33134 | 115 MENDOZA AVE #401<br>ATTN: ROSA M. QUINTERO<br>CORAL GABLES, FL 33134 |

03012007 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 300 ARAGON AVE | SAME |
| Suite, Apt. #, etc.: 210 | Suite, Apt. #, etc. |
| City & State: CORAL GABLES, FL. | City & State |
| Zip: 33134 Country | Zip Country |

4. FEI Number ~~APPLIED FOR~~ 20-2149225 ☐ Applied For ☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| DUARTE, EUGENIO<br>95 MERRICK WAY, STE. 514<br>CORAL GABLES, FL 33134 | Name: JUAN A. SANCHEZ, P.A.<br>Street Address (P.O. Box Number is Not Acceptable): 10751 SW 72 ST. #A-106<br>City: MIAMI FL Zip Code: 33173 |

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 _____ 3/19/07
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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>STRAIN, ROBERT<br>115 MENDOZA AVE #502<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>AGUILERA, NANCY<br>115 MENDOZA AVE #501<br>CORAL GABLES, FL 33134 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AYDA GONZALEZ<br>115 MENDOZA AVE, #501<br>CORAL GABLES, FL 33134 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>QUINTERO, ROSA M<br>115 MENDOZA AVE #401<br>CORAL GABLES, FL 33134 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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 like empowered.

**SIGNATURE:** _____ ROBERT L. STRAIN JR 03/05/07 (305) 712-0284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #