

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003216

FILED
Apr 14, 2008
Secretary of State

Entity Name: WYNWOOD HISTORICAL HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

86 NW 33 ST.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

86 NW 33 ST.
MIAMI, FL 33127

New Mailing Address:

FEI Number: 59-3802896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, MARIANO
86 NW 33 ST.
MIAMI, FL 33127 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINONES, MARIANO
Address: 86 NW 33 ST
City-St-Zip: MIAMI, FL 33127

Title: V () Delete
Name: FELICIANO, VIRGILIO
Address: 80-82 NW 26 ST.
City-St-Zip: MIAMI, FL 33127

Title: S () Delete
Name: GUTIERREZ, ROSA
Address: 102 NW 33 ST
City-St-Zip: MIAMI, FL 33127

Title: T () Delete
Name: QUINONES, EUSEBIA
Address: 86 NW 33 ST
City-St-Zip: MIAMI, FL 33127

Title: D () Delete
Name: MACHADO, RAYMOND
Address: 120 NW 34 ST
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIANO QUINONES

P

04/14/2008

Electronic Signature of Signing Officer or Director

Date