

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000003782

1. Entity Name
PARKFRONT COMMERCIAL CENTER CONDOMINIUM
ASSOCIATION, INC.



FILED

09 FEB 25 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
13170 SW 128TH ST
207
MIAMI, FL 33186

Mailing Address
P.O. BOX 1741
MIAMI, FL 33283

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052009

Chg-NP

CR2E037 (11/08)

4. FEI Number
20-2708668

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

OCEAN MANAGEMENT & INVESTMENT CORPORATION
10697 SW 76 TERRACE
MIAMI, FL 33173

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.25
Due by May 1, 2009

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 PD ☐ Delete
NAME LIMA, JOSE
STREET ADDRESS 13170 SW 128TH ST #101
CITY-ST-ZIP MIAMI, FL 33186

TITLE STD ☐ Change ☒ Addition
NAME LAURA LLERENA
STREET ADDRESS 13170 SW 128 ST # 207
CITY-ST-ZIP Miami FL 33186

TITLE VD ☐ Delete
NAME ARGENAL, MARCO
STREET ADDRESS 13170 SW 128TH ST #207
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 200144410402
CITY-ST-ZIP 02/25/09--01027--001 **\$61.25

TITLE STD ☒ Delete
NAME ECHAVARRIA, RICARDO
STREET ADDRESS 13170 SW 128TH ST #207
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2/16/09 305 2338282

2/25/09

1409