

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000011622

1. Entity Name
VERONA PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**8700 W. FLAGLER ST., SUITE 355
MIAMI, FL 33174**

Mailing Address
**8700 W. FLAGLER ST., SUITE 355
MIAMI, FL 33174**



01072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2667935

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND ST., SUITE 2900
MIAMI, FL 33131-2130**

**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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GUTIERREZ, ARIEL E
STREET ADDRESS 8700 W. FLAGLER ST., SUITE 355
CITY-ST-ZIP MIAMI, FL 33174

TITLE VP
NAME BARCALA, MARIBEL A
STREET ADDRESS 8700 W. FLAGLER ST., SUITE 355
CITY-ST-ZIP MIAMI, FL 33174

TITLE STD
NAME DIAZ, EDILIA
STREET ADDRESS 8700 W. FLAGLER ST., SUITE 355
CITY-ST-ZIP MIAMI, FL 33174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000950182
06/03/08-80059-005 70.00

**DO NOT WRITE
IN THIS SPACE**

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: Ariel E. Gutierrez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/2008

Date

305 553-8911

Daytime Phone