


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90013 031 ****61.25

| | | | | | |
|--|-------------------------|---|--|---|--|
| DOCUMENT # N05000011976 1. Entity Name ESPERANZA PLACE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 1225 WEST 30TH STREET HIALEAH, FL 33012 | | | Mailing Address PO BOX 160718 HIALEAH, FL 33012 | | |
| 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 | 4. FEI Number 90-0307108 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FLORIDAS PROPERTY MANAGMENT GROUP, CORP. 5979 NW 151 STREET #101 MIAMI LAKES, FL 33014 | | | 7. Name and Address of New Registered Agent Name KABA & Associates, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 W. 49 St. Suite 235 City HIALEAH FL 33012 | | |
| 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 <u><i>Moises Kaba</i></u> <u><i>MOISES KABA</i></u> <u><i>2/19/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <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 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BOUZO, ELIZABETH | | NAME | | |
| STREET ADDRESS | 5979 NW 151 STREET #101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | SVPD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | ROCA, ELIZABETH | | NAME | | |
| STREET ADDRESS | 5979 NW 151 STREET #101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TORRES, JUDITH | | NAME | | |
| STREET ADDRESS | 5979 NW 151 STREET #101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI LAKES, FL 33014 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: <u><i>Elizabeth Bouzo</i></u> <u><i>2/19/08</i></u> <u><i>President</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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