

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90021 045 ****61.25

DOCUMENT # N06000001154

1. Entity Name
MARA PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
10400 NW 33RD STREET SUITE 270
MIAMI, FL 33172

Mailing Address
10400 NW 33RD STREET SUITE 270
MIAMI, FL 33172

60017980

2. Principal Place of Business - No P.O. Box #
2451 NW. 109 Av.

3. Mailing Address
2451 NW. 109 Av.

Suite, Apt. #, etc.
Unit # 12

Suite, Apt. #, etc.
Unit # 12

City & State
Miami, FL.

City & State
Miami, FL.

Zip
33172

Country

Zip
33172

Country

01152007 Chg-NP CR2E037 (12/06)

4. FEI Number
41-2200235

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LEWIS, HAROLD L ESQ.
ONE BISCAYNE TOWER SUITE 2400 2 SOUTH BISC
AYNE BLVD
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

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, 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

TITLE PD ☐ Delete
NAME RINALDI, JORGE
STREET ADDRESS 10400 NW 33RD STREET SUITE 270
CITY-ST-ZIP MIAMI, FL 33172

TITLE DVPS ☐ Delete
NAME VALDERAMMA, LEONORE
STREET ADDRESS 10400 NW 33RD STREET SUITE 270
CITY-ST-ZIP MIAMI, FL 33172

TITLE T ☐ Delete
NAME VALDERAMMA, LEONORE
STREET ADDRESS 10400 NW 33RD STREET SUITE 270
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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

02-12-2007 (305) 4083446

Date

Daytime Phone #