2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90065 027 ****70.00

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1. Entity Name

SALAMANCA POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6308 PANTHER LANE FT. MYERS FL 33919	6308 PANTHER LANE FT. MYERS FL 33919

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 126340 Suite, Apt. #, etc.
City & State	City & State: Hialeah, FL 33012
Zip / Country	Zip: 33012 / Country: U.S.A.

4. FEI Number: 20-8101055 ☐ 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
SHEAR, DAVID 201 ALHAMBRA CIRCLE, SUITE 601 CORAL GABLES FL 33134	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

FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ORDONEZ, JOSE 1701 W. 37TH ST., SUITE 17 HIALEAH FL 33012	☒ Delete	PD Michael Hubbard P.O. Box 126340 Hialeah, Fl 33012	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROSSBACH, MARK 1701 W. 37TH ST., SUITE 17 HIALEAH FL 33012	☒ Delete	Miguel Pineiro P.O. Box 126340 Hialeah, FL 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PUIG, JUAN E 1701 W. 37TH ST., SUITE 17 HIALEAH FL 33012	☒ Delete	Jeanette Bohigas. P.O. Box 126340 Hialeah, FL 33012	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Michael Hubbard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #