2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005915

Entity Name: FLORINDA ESTATE HOA, INC.

FILED Jan 07, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16260 NW 84TH PL
MIAMI LAKES, FL 33016

16260 NW 84TH PLACE
MIAMI LAKES, FL 33016

US

Current Mailing Address: New Mailing Address:

16260 NW 84TH PL
MIAMI LAKES, FL 33016

16260 NW 84TH PLACE
MIAMI LAKES, FL 33016

US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENENDEZ, PIEDAD

16260 NW 84TH PL

MIAMI LAKES, FL 33016 US

MENENDEZ, PIEDAD

16260 NW 84TH PLACE

MIAMI LAKES, FL 33016 US

MIAMI LAKES, FL 33016 US

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.

SIGNATURE: 01/07/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P,S, () Delete
 Title:
 PS (X) Change () Addition

 Name:
 MENENDEZ, PIEDAD
 Name:
 MENENDEZ, PIEDAD

 Address:
 16260 NW 84TH PLACE
 16260 NW 84TH PLACE

 Address:
 16260 NW 84TH PL
 Address:
 16260 NW 84TH PLACE

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33016 US

Title: VP () Delete Title: VP (X) Change () Addition Name: MENENDEZ, JOSE A Name: MENENDEZ, JOSE A

 Name:
 MENENDEZ, 363E A

 Address:
 16260 NW 84TH PL
 Address:
 16260 NW 84TH PLACE

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33016 US

Title: T,VP () Delete Title: TVP (X) Change () Addition

 Name:
 MENENDEZ, JUAN M
 Name:
 MENENDEZ, JUAN M

 Address:
 16260 NW 84TH PL
 Address:
 16260 NW 84TH PLACE

 City-St-Zip:
 MIAMI LAKES, FL 33016
 City-St-Zip:
 MIAMI LAKES, FL 33016 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PIEDAD MENENDEZ PS 01/07/2007