2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008 8:00 am
Secretary of State
04-21-2008 90045 006 ****61.25

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1. Entity Name
GRAND TURNING POINTE BUSINESS CENTER I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4000 PONCE DE LEON BLVD #400 CORAL GABLES, FL 33146	4000 PONCE DE LEON BLVD #400 CORAL GABLES, FL 33146

66015985

02262008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
13-4338219
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAMACHO, ANA M ESQ.
4000 PONCE DE LEON BLVD #400
CORAL GABLES, FL 33146

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PSTD
NAME	NUNEZ, ANDRES R
STREET ADDRESS	16215 SW 117 AVE UNIT #1
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	VD
NAME	ILLA, RENE D
STREET ADDRESS	16215 SW 117 AVE UNIT #1
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	D
NAME	CAMACHO, ANA M
STREET ADDRESS	4000 PONCE DE LEON BLVD #400
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 08-15-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #