


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

08-02-2007 90011 013 \*\*\*\*61.25

|   |   |
|---|---|
| <b>DOCUMENT # N06000010424</b><br>1. Entity Name<br><b>SINGER PLAZA RESIDENT COUNCIL INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>1310 NW 16TH STREET<br/>MIAMI, FL 33125</b> | Mailing Address<br><b>1310 NW 16TH STREET<br/>MIAMI, FL 33125</b> |
|---|---|

|  |   |
|--|---|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address<br><b>1310 N.W. 16<sup>th</sup> ST<br/>APT 413</b> |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc.<br><b>APT 413</b>                                 |
| City & State                                   | City & State<br><b>MIA. FLA</b>                                       |
| Zip  | Country<br><b>33125 MIA. DADE</b>                                     |

**40127888**



07262007 Chg-NP CR2E037 (12/06)

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|---|--|
| 4. FEI Number<br><b>11-3771026</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>SCOTT, JAMES<br/>1310 NW 16TH STREET<br/>MIAMI, FL 33125<br/>APT. 413</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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

|  |  |  |
|--|--|--|
| <b>Filing Fee is \$61.25<br/>Due by September 14, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|--|--|--|

|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>SCOTT, JAMES<br>1310 NW 16TH STREET<br>MIAMI, FL 33125 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>APT. #413</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>RICARDO, CARLOS<br>1310 NW 16TH STREET<br>MIAMI, FL 33125 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>APT. #311</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>VIZCAINO, GENARO<br>1310 NW 16TH STREET<br>MIAMI, FL 33125 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>APT. #417</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>ROGERS, SCHONTRIA<br>1310 NW 16TH STREET<br>MIAMI, FL 33125 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>APT. #102</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>JOHNSON, FRANK<br>1310 NW 16TH STREET<br>MIAMI, FL 33125 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>DONALDSON, KENNETH<br/>1310 N.W. 16TH STREET, APT. #206<br/>MIAMI, FL 33125</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** James Scott **07-30-07** **305-545-8419**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #