


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90044 031 ****70.00

DOCUMENT # N07000006157	
1. Entity Name MALLORCA AT THE VINEYARDS HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 730 NW 107TH AVE., 4TH FLOOR MIAMI, FL 33172	Mailing Address 730 NW 107TH AVE., 4TH FLOOR MIAMI, FL 33172
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2. Principal Place of Business - No P.O. Box # 13055 SW 42 Street		3. Mailing Address 13055 SW 42 Street	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 203	
City & State Miami, FL		City & State Miami, FL	
Zip 33175	Country Dade	Zip 33175	Country Dade

01042008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0619412	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOLOMON & FURSHMAN, LLP 1666 KENNEDY CAUSEWAY, SUITE 302 N. BAY VILLAGE, FL 33172	
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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.	
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SIGNATURE _____		(NOTE: Registered Agent signature required when reinstating)		DATE _____	
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Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENDERSON, MERCEDES 730 NW 107TH AVE., 4TH FLOOR MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carolina Herrera 730 NW 107 Avenue, 4th floor Miami, FL 33172	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIERRA, SYLVIA 730 NW 107TH AVE., 4TH FLOOR MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD AVILA, MIGUEL 730 NW 107TH AVE., 4TH FLOOR MIAMI, FL 33172	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.	
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SIGNATURE: _____	_____	Date	Daytime Phone #
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