

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008366

FILED
Apr 29, 2009
Secretary of State

Entity Name: AGUA DULCE CONDOMINIUM NON-PROFIT ASSOCIATION INC

Current Principal Place of Business:

11195 SW 1ST STREET
APT. 216
SWEETWATER, FL 33174

New Principal Place of Business:

11195 SW 1ST STREET
SWEETWATER, FL 33174

Current Mailing Address:

11195 SW 1ST STREET
APT. 216
SWEETWATER, FL 33174

New Mailing Address:

15476 NW 77 COURT
408
MIAMI LAKES, FL 33016

FEI Number: 26-1181834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ANA
11195 SW 1ST STREET
APT 216
SWEETWATER, FL 33174 US

Name and Address of New Registered Agent:

FANDINO-CAPIN, BARBARA
15476 NW 77 COURT
408
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: BARBARA FANDINO-CAPIN

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ALVAREZ, ANA
Address: 11195 SW 1ST STREET APT 216
City-St-Zip: SWEETWATER, FL 33174

Title: VP () Delete
Name: CONCEPCION, JOSE R
Address: 11195 SW 1ST STREET APT 216
City-St-Zip: MIAMI, FL 33174

Title: TRES () Delete
Name: CUADRA, DANIEL B
Address: 11195 SW 1ST STREET APT 216
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANA ALVAREZ

P

04/29/2009

Electronic Signature of Signing Officer or Director

Date