

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011283

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** REVELATIONS AT BIRD LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4817 SW 144 CT.  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

4817 SW 144 CT.  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 90-0364267

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANCHEZ, JUAN A ESQ  
10251 SUNSET DR., A-106  
MIAMI, FL 33175 US

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

SOTOMAYOR, PAUL F  
14469 S.W. 50 ST.  
MIAMI, FL 33175 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: PAUL F. SOTOMAYOR

04/30/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MIJARES, ONIX  
Address: 4817 SW 144 CT.  
City-St-Zip: MIAMI, FL 33175

Title: VPD ( ) Delete  
Name: REYES, DANIEL  
Address: 4817 SW 144 CT.  
City-St-Zip: MIAMI, FL 33175

Title: STD ( ) Delete  
Name: SOTOMAYOR, PAUL  
Address: 4817 SW 144 CT.  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPD (X) Change ( ) Addition  
Name: REYES, DANIEL  
Address: 5030 S.W. 145 AVE.  
City-St-Zip: MIAMI, FL 33175

Title: STD (X) Change ( ) Addition  
Name: SOTOMAYOR, PAUL  
Address: 14469 S.W. 50 ST.  
City-St-Zip: MIAMI, FL 33175

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: ONIX MIJARES

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date