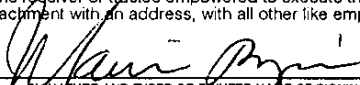


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90036 010 ****61.25

DOCUMENT # N07710 1. Entity Name PATIO GRANDE TOWNHOMES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10908 N.W. 7 STREET, STE 403 MIAMI, FL 33172 US			Mailing Address 10908 N.W. 7 STREET, STE 403 MIAMI, FL 33172 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2517950	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROQUIS, MARIA 10908 N.W. 7 STREET, STE 403 MIAMI, FL 33172			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.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ENRIQUEZ, AIDA 10916 N.W. 7 STREET, #1 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vocal Mariano Blanco 10912 NW 7 St # 3 MIAMI FL 33172	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BROQUIS, MARIA 10908 N.W. 7 STREET, #3 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FRANCO, GUSTAVO 10928 NW 7 ST #2 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V LACAYO, GLENDA 10904 N.W. 7 STREET, #2 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BENTURI, SIGURRETA 10916 NW 7 ST #4 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JIMENEZ, VIVIAN 10908 NW 7 ST #2 MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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:  MARIA Broquis 2-13-07 (305) 305-4899 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATTACHMENT

DOCUMENT # N07710

1. Entity Name

PATIO GRANDE TOWNHOMES CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

10908 N.W. 7 STREET, STE 403
MIAMI FL 33172
US

Mailing Address

10908 N.W. 7 STREET, STE 403
MIAMI FL 33172
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FET Number

59-2517950

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROQUIS, MARIA
10908 N.W. 7 STREET, STE 403
MIAMI FL 33172

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.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable)

(Typed Name of Registered Agent and signature if required when agent is person)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V ☐ Delete
NAME ENRIQUEZ, AIDA
STREET ADDRESS 10916 N.W. 7 STREET, #1
CITY-STATE-ZIP MIAMI FL 33172

NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE T ☐ Delete
NAME BROQUIS, MARIA
STREET ADDRESS 10908 N.W. 7 STREET, #3
CITY-STATE-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE VP ☐ Delete
NAME FRANCO, GUSTAVO
STREET ADDRESS 10928 NW 7 ST #2
CITY-STATE-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE V ☐ Delete
NAME LACAYO, GLENDA
STREET ADDRESS 10904 N.W. 7 STREET, #2
CITY-STATE-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE P ☐ Delete
NAME BENTURI, SIGURRETA
STREET ADDRESS 10916 NW 7 ST #4
CITY-STATE-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE S ☐ Delete
NAME JIMENEZ, VIVIAN
STREET ADDRESS 10908 NW 7 ST #2
CITY-STATE-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE

Signature Required