## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N09842 1. Entity Name **FILED** SANTAMARIA ESTATES I CONDOMINIUM ASSOCIATION, Jul 02, 2008 08:00 AM INC. **Secretary of State** Principal Place of Business Mailing Address 2234 W 53 PL 4445 WEST 16 AVE HIALEAH FL 33016 SUITE 308 HIALEAH FL 33012 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. erc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State 4. FEI Number Applied For 65-0370647 Not Applicable Ζιp \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RODRIGUEZ, ERNESTO Street Aduress (P.O. Box Number is Not Acceptable) 2234 W 53 PL HIALEAH FL 33012 Zip Code City 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 (NOTE: Registered Agent signature induited when reinstating) DATE wajara ya FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be $\Box$ Due By May 1; 2008 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE <u> U</u>QQQQQ95347S RODRIGUEZ, ERNESTO NAME NAME 2234 W 53 PL 07/02/08-80001-011 61.25 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY - ST- ZIP CITY - ST - ZiP Addition T:TLE Delote TITLE Change SOSA, MARGARITA NAME LAME 2228 W 53 PL STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP CITY-ST-ZIP 3:11 F Delete TITLE Change \_\_\_\_\_Addition MAHY, NICOLAS NAME . Name <del>2297 W</del> 53 PL STREET ADDRESS CITY-ST-ZIP HIALEAH FL 33016 CITY-ST-ZIP THILE Delete 10101 ☐ Change ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST-ZIP BILE Delete ☐ Change TITLE ☐ Addition NAME NAME STRUET ADDRESS STREET ACORESS CITY-ST-ZIP C11Y - ST - Z\*P Change ☐ Delete Addition TITLE TITLE NAME NAME STRELT ADDRESS STREET ADDRESS CITY - ST - ZIP CHY-SI-ZIP 12. Thereby 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 or Block 11 or Block 12 or Block 12 or Block 12 or Block 12 or Block 13 or Block 13 or Block 13 or Block 14 or Block 15 or Block 14 or Block 15 or Block 15 or Block 15 or Block 15 or Block 16 or Block 17 or Block 16 or Block 16 or Block 17 or Block 16 or Block 17 or Block 17 or Block 16 or Block 17 or Block 17 or Block 18 or Block 18 or Block 18 or Block 19 or Block 18 or Block 19 or

SIGNATURE: Signature of the state of the sta