

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N10167

1. Entity Name
READY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**5880 W. 25TH COURT
HIALEAH, FL 33016**

Mailing Address
**5880 W. 25TH COURT
HIALEAH, FL 33016**

DO NOT WRITE IN THIS SPACE



01062008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0275471

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLEITES, OSVALDO
5880 W 25TH COURT
HIALEAH, FL 33016**

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IN THIS SPACE**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
FLEITES, OSVALDO
5880 W. 25TH CT.
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
BLANDON, GERMAN
5886 W. 25TH COURT
HIALEAH, FL 33016**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

U00000797586
01/29/08-80079-016 61.25

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IN THIS SPACE**

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: Osvaldo Fleites
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-08

Date

Daytime Phone #