

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90171 046 ****61.25

DOCUMENT # N10844

1. Entity Name
MATANZAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
C/O SPM GROUP, INC.
299 ALHAMBRA CIRCLE, STE. 207
CORAL GABLES, FL 33134

Mailing Address
2500 NW 97 AVE
200
MIAMI, FL 33172 US

40053955



2. Principal Place of Business
2200 NW 102 AVE
Suite, Apt. #, etc.
A 5

3. Mailing Address
2200 NW 102 AVE #5
Suite, Apt. #, etc.
#5

04112006 Chg-NP CR2E037 (11/05)

City & State
Miami FL
Zip
33172 Country
USA

City & State
Miami FL
Zip
33172 Country
USA

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
YABLIN, ARNOLD PA
699 S FEDERAL HIGHWAY
HOLLYWOOD, FL 33020

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, 2006**

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		
TITLE	PT	<input type="checkbox"/> Delete
NAME	HERNANDEZ, ARMANDO	
STREET ADDRESS	1701 W 42 PL #5	
CITY-ST-ZIP	HIALEAH, FL 33016	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WILLIAM, BENITEC	
STREET ADDRESS	1701 W 42 PL #52	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROBAINA, JOSE	
STREET ADDRESS	1701 W 42ND PL #22	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/06