

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

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90037 031 ****61.25

DOCUMENT # N10844

1. Entity Name

MATANZAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2200 NW 102 AVE
5
MIAMI FL 33172

Mailing Address

2200 NW 102 AVE
5
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. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



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

Robert Smith

Street Address (P.O. Box Number is Not Acceptable)

2200 NW 102 AVE #5

City

Miami

FL

Zip Code

33172

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 not used when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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
NAME
STREET ADDRESS
CITY- ST- ZIP
PT
HERNANDEZ, ARMANDO
1701 W 42 PL #5
HIALEAH FL 33016 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
WILLIAM, BENITEC
1701 W 42 PL #52
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
SD
ROBAINA, JOSE
1701 W 42ND PL #22
HIALEAH FL 33012 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
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CITY- ST- ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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CITY- ST- ZIP
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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

3/20/08