

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10844

FILED
Apr 27, 2009
Secretary of State

Entity Name: MATANZAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2200 NW 102 AVE
5
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

2200 NW 102 AVE
5
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SMITH, ROBERT
2200 NW 102 AVE #5
DORAL, FL 33172 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HERNANDEZ, ARMANDO
Address: 1701 W 42 PL #5
City-St-Zip: HIALEAH, FL 33016

Title: SD () Delete
Name: WILLIAM, BENITEC
Address: 1701 W 42 PL #52
City-St-Zip: HIALEAH, FL 33012

Title: SD () Delete
Name: ROBAINA, JOSE
Address: 1701 W 42ND PL #22
City-St-Zip: HIALEAH, FL 33012

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO HERNANDEZ

PT

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date