


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N13938	
1. Entity Name CHERTA CONDOMINIUM ASSOCIATION INC.	

Principal Place of Business % CHERTA CONDOMINIUM 5300 SW 72ND AVE MIAMI FL 33155 US	Mailing Address % CHERTA CONDOMINIUM 5300 SW 72ND AVE MIAMI FL 33155 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt #, etc	Suite, Apt #, etc
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE CR2E037 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHERTA, GERARDO 5300 SW 72ND AVE MIAMI FL 33155

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS															
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1"> <tr> <td>PD CHERTA, GERARDO 5300 SW 72ND AVE MIAMI FL 33155</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>TD CHERTA, LUCRECIA T. 5300 SW 72ND AVE MIAMI FL 33155</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>SD NOLAN, HILDA 7485 S. W. 179TH STREET MIAMI FL</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Delete</td> </tr> </table>	PD CHERTA, GERARDO 5300 SW 72ND AVE MIAMI FL 33155	<input type="checkbox"/> Delete	TD CHERTA, LUCRECIA T. 5300 SW 72ND AVE MIAMI FL 33155	<input type="checkbox"/> Delete	SD NOLAN, HILDA 7485 S. W. 179TH STREET MIAMI FL	<input type="checkbox"/> Delete	 	<input type="checkbox"/> Delete	 	<input type="checkbox"/> Delete	 	<input type="checkbox"/> Delete	 	<input type="checkbox"/> Delete
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 	<input type="checkbox"/> Delete														

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 11000000199945 01/28/05-80007-002 61.25
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Lucricia Cherta **1/25/05 305-6354800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #