


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State


02-21-2006 90020 043 ****70.00

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 <i>20200 SW 248 STREET</i>	3. Mailing Address <i>P.O. Box 924320</i>
Suite, Apt. #, etc. <i>MIAMI, FL 33031</i>	Suite, Apt. #, etc.

City & State <i>Princeton, FL</i>	City & State <i>Princeton, FL</i>
Zip <i>33092</i>	Country <i>Dade</i>

	
1st MOORE	CR2E037 (10/05)
4. FEI Number NO-T APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CHERTA, GERARDO 5300 SW 72ND AVE MIAMI FL 33155	
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7. Name and Address of New Registered Agent Name <i>CHERTA, Gerardo</i> Street Address (P.O. Box Number is Not Acceptable) <i>20200 SW 248 Street</i> City <i>MIAMI</i> FL Zip Code <i>33031</i>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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	PD CHERTA, GERARDO 5300 SW 72ND AVE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHERTA, LUCRECIA T. 5300 SW 72ND AVE MIAMI FL 33155 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NOLAN, HILDA 7485 S. W. 179TH STREET MIAMI FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CHERTA, Gerardo</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P.O. Box 924320</i> <i>Princeton, FL 33092</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CHERTA, LUCRECIA T.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>P.O. Box 924320</i> <i>Princeton, FL 33092</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Lucrecia Cherta* *2/10/2006* *305-6354800*