## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Mar 27, 2008 8:00 am Secretary of State DOCUMENT # N15600 03-27-2008 90036 011 \*\*\*\*61.25 1. Entity Name PATIO GRANDE II TOWNHOMES CONDOMINIUM ASSOCIATION INC. Principal Place of Business Mailing Address 13358 SW 128 STREET 13358 SW 128 STREET MIAMI, FL 33186 MIAMI, FL 33186 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 03182008 Cha-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2674951 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PADNOW, JOSEPH P.A. Street Address (P.O. Box Number is Not Acceptable) 13358 SW 128 STREET MIAMI, FL 33186 City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be $\Box$ Due by May 1, 2008 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change GARCIA, ZONIA NAME NAME STREET ADDRESS 530 NW 109 AVE #6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 Delete TITLE Change ☐ Addition TITLE NAME QUINTANA, ANTONIO NAME 610 N.W. 109 AVENUE, #7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33172 Delete TITLE TITLE ☐ Channe ☐ Addition MONTOYA, GENARO NAME NAME STREET ADDRESS 530 NW 109 AVE #1 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33172 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE GARCIA, MARGARITA NAME NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 of the corporation or the reco

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP TITLE

NAME

TITLE

NAME

520 NW 109 AVE #2

570 N.W. 109 AVENUE, #4

PALACIOS, YOVANNY M

560 N.W. 109 AVENUE, #2

MIAMI, FL 33172

MIAMI, FL 33172

MIAMI, FL 33172

OSCAR, LUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

Change

Addition

Addition

FILED