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

02-21-2006 90024 001 ****70.00
N16692

FILED
06 FEB 27 PM 3:00

DOCUMENT
1. Entity Name N16692
CHERTA CONDOMINIUM No. 2 Association Inc

| Principal Place of Business | Mailing Address |
|---|---|
| % CHERTA CONDOMINIUM<br>5300 SW 72ND AVE<br>MIAMI FL 33155<br>US | % CHERTA CONDOMINIUM<br>5300 SW 72ND AVE<br>MIAMI FL 33155<br>US |

1st MOORE CR2E037 (10/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 20200 SW 248 STREET | P.O. Box 924320 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FLA. 33031 | City & State: Princeton, Fl |
| Zip / Country: DADE | Zip / Country: 33092 / Dade |

4. FEI Number: NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| CHERTA, GERARDO<br>5300 SW 72ND AVE<br>MIAMI FL 33155 | Name: CHERTA, Gerardo<br>Street Address (P.O. Box Number is Not Acceptable): 20200 SW 248 Street<br>City: MIAMI FL Zip Code: 33031 |

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, 2006**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>CHERTA, GERARDO<br>5300 SW 72ND AVE<br>MIAMI FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHERTA, Gerardo<br>P.O. Box 924320<br>Princeton, Fl 33092 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>CHERTA, LUCRECIA T.<br>5300 SW 72ND AVE<br>MIAMI FL 33155 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHERTA, Lucrecia T.<br>P.O. Box 924320<br>Princeton, Fl 33092 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>NOLAN, HILDA<br>7485 S. W. 179TH STREET<br>MIAMI FL | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B 3/1/06 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #