

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N19157

1. Entity Name
MUNNE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**14629 SW 104TH STREET
BOX 405
MIAMI, FL 33186**

Mailing Address
**14629 SW 104TH STREET
BOX 405
MIAMI, FL 33186**



04042006 No Chg-NP CRZE037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**MORALES, ALFONSO
14554 SW 97 ST
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------|
| TITLE | P |
| NAME | MORALES, ALFONSO |
| STREET ADDRESS | 14554 SW 97 ST |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | VTD |
| NAME | ABAY, SONIA M |
| STREET ADDRESS | 14518 SW 97 ST |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | TD |
| NAME | SANTOS, BRIZO |
| STREET ADDRESS | 14525 SW 97 ST |
| CITY-ST-ZIP | MIAMI, FL 33186 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000524749
05/04/06-80002-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

305-382-3238