

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 15, 2007 8:00 am**  
**Secretary of State**

08-15-2007 90022 006 \*\*\*\*61.25

**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**

**40129226**



05092007 No Chg-NP

CR2E037 (4/06)

**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**

**Luis O. Gomez  
14471 SW 96 Tr  
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]*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/9/07  
DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>Luis O. Gomez 14471 SW 96 Tr Miami FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>AC. Jane Marian 14483 SW 96 Tr Miami FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>Sonia M Abay 14518 SW 97 ST Miami FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY ANA MENZIES 14507 SW 96 Tr Miami FL 33186</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/07 786-487-7148  
Date Daytime Phone #