

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

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90014 040 ****61.25

DOCUMENT # N19962

1. Entity Name

24TH AVENUE HOMEOWNERS ASSOCIATION INC.



Principal Place of Business

20120 W. OAKMONT CR.
MIAMI FL 33015
US

Mailing Address

20120 W. OAKMONT CR
MIAMI FL 33015
US



2. Principal Place of Business

1890 S OCEAN DR

Suite, Apt. #, etc.

APT 805 EAST

City & State

HALLANDALE

Zip
33009

Country
FL

3. Mailing Address

1890 S OCEAN DR

Suite, Apt. #, etc.

APT 805 EAST

City & State

HALLANDALE

Zip
33009

Country
FL

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0128302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAAD, CARIDAD
20120 W. OAKMONT CR.
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

(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

TITLE PD ☐ Delete
NAME SAAD, JOSE
STREET ADDRESS 20120 W OAKMONT CR.
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ Delete
NAME SAAD, CARIDAD
STREET ADDRESS 20120 W. OAKMONT CR.
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ Delete
NAME SAAD, ABRAHAM
STREET ADDRESS 20120 W. OAKMONT CR
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

JOSE SAAD President