

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27916

FILED
Jun 30, 2004
Secretary of State**Entity Name:** THE LAND TRUST OF DADE COUNTY, INC.**Current Principal Place of Business:**118 SW SOUTH RIVER DR
MIAMI, FL 33130 US**New Principal Place of Business:****Current Mailing Address:**C/O TURNER & ASSOCIATES
ONE SE 3RD AVE., #1440
MIAMI, FL 33130 US**New Mailing Address:****FEI Number:** 65-0139202 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MATKOV, THOMAS J
550 BILTMORE WAY
STE 810
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JUDE, SALLYE G
Address: 118 S. RIVER DRIVE
City-St-Zip: MIAMI, FL 33130

Title: DV () Delete
Name: MATKOV, THOMAS J
Address: 550 BILTMORE WAY, STE. 810
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: TURNER, DAVID
Address: ONE SE 3RD AVE., #1440
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MURLEY, JAMES
Address: 220 SE 2ND AVE. RM. 709
City-St-Zip: FT. LAUDERDALE, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SALLYE G. JUDE

PD

06/30/2004

Electronic Signature of Signing Officer or Director

Date