

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 04, 2007 08:00 AM
Secretary of State

DOCUMENT # N27916

1. Entity Name
THE LAND TRUST OF DADE COUNTY, INC.



Principal Place of Business
**118 SW SOUTH RIVER DR
MIAMI, FL 33130 US**

Mailing Address
**C/O TURNER & ASSOCIATES
ONE SE 3RD AVE., #1440
MIAMI, FL 33130 US**



05312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0139202

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MATKOV, THOMAS J
550 BILTMORE WAY
STE 810
CORAL GABLES, FL 33134**

**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 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	PD JUDE, SALLYE G 118 S. RIVER DRIVE MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MATKOV, THOMAS J 550 BILTMORE WAY, STE. 810 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TURNER, DAVID ONE SE 3RD AVE., #1440 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MURLEY, JAMES 220 SE 2ND AVE. RM. 709 FT. LAUDERDALE, FL 33131
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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06/04/07-80006-002 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/07

Date

305 370 700

Daytime Phone #