

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2005 08:00 AM
Secretary of State

DOCUMENT # N29022 1. Entity Name ANGELICA GARDENS HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business
8440 NW 190 TERR
HIALEAH, FL 33015-5370 US

Mailing Address
8440 NW 190 TERR
HIALEAH, FL 33015-5370 US



01222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0133276	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE, SUITE 1102
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 May 1, 2005**

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 PERULLAS, MIGUEL 19045 NW 85 AVENUE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HEALY III, JOHN F 8497 NW 191 STREET MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PUGLIESE, MYRIAM 8263 NW 188 TERRACE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD NORDHAGEN, DAVID 8489 NW 191 ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BSALES, ALEX 18810 NW 84 AVE MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000197910
10/27/05-800300-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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

John F Healy III

1-22-05

Date

(305) 746-8442

Daytime Phone #