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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

N32580

(5)

FIRST ADDITION TO ALAMEDA JARDINS PUD HOMEOWNERS

ASSOCIATION, INC. Principal Place of Business Mailing Address % DOMINGO PANDO % DOMINGO PANDO 16969 N.W. 67TH AVE 16969 N.W. 67TH AVE. #200 MIAMI FL 33015 **MIAMI FL 33015** 3a. Date of Last Report 3. Date Incorporated or Qualified 05/26/1989 05/01/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address P.O. BOX 173067 65-0268362 17240 N.W. 74 PATH Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be HÍALEAH, FL MIAMI, FL 23 Trust Fund Contribution Added to Fees 330<u>15</u> Country Country USA 8. This corporation has liability for intangible tax under s. 199.032, **83ั017-3067** USA 30 ☐ Yes ☐ No 25 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name MIAMI CORPORATE SYSTEMS 82 Street Address (P.O. Box Number is Not Acceptable) 5200 BLUE LAGOON DRIVE 83 SUITE 700 MIAMI FL 33126 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE ÞD X7 Change 1.1 TITLE TITLE PANDO, DOMINGO NAME PANDO, DOMINGO 12 NAME 1.3 STREET ADDRESS 17240 N.W. 74 PATH STREET ADDRESS 16969 NW 67TH AVE., #200 MIAMI, FL. 33015 MIAMI FL 1.4 CITY-ST-2IP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE VSD 2.2 NAME NAME MENENDEZ, JUAN 15123 NW 87 PLACE 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MIAMI FL 2. 4 CITY - ST - ZIP Change: DELETE ☐ Addition TITLE 3.1 TITLE PANDO, EMILIO PANDO, EMILIO 3.2 NAME NAME 16969 NW 67H AVE., #200 3.3 STREET ADDRESS 17240 N.W. 74 PATH STREET ADDRESS CITY-ST-ZIP miami fl 3.4 CITY-ST-ZIP MIAMI, FL. 33015 DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIF DELETE Change: ☐ Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change ☐ Addition

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 12 or Block 13 if changed, or of an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Description of the corporation 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 12 or Block 13 if changed, or of an attachment with an address.

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

CR2E037 (12/95)