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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32580 (5)

1. Corporation Name

FIRST ADDITION TO ALAMEDA JARDINS PUD HOMEOWNERS
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% DOMINGO PANDO
16969 N.W. 67TH AVE. #200
MIAMI FL 33015
US

% DOMINGO PANDO
16969 N.W. 67TH AVE
MIAMI FL 33015-4214
US

3. Date Incorporated or Qualified
05/26/1989

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 15165 N.W. 77th Ave.

26 15165 N.W. 77th Ave.

Suite, Apt. #, etc.
Suite 1002

Suite, Apt. #, etc.
Suite 1002

City & State
Miami, Fl.

City & State
Miami, Fl

Zip Country
33014 USA

Zip Country
33014 USA

4. FEI Number
65-0268362

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIAMI CORPORATE SYSTEMS
5200 BLUE LAGOON DRIVE
SUITE 700
MIAMI FL 33126

81 Name

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

83

84 City

FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PANDO, DOMINGO
STREET ADDRESS 16969 NW 67TH AVE., #200
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME PANDO, DOMINGO
1.3 STREET ADDRESS 15165 N.W. 77th Ave. Suite 1002
1.4 CITY-ST-ZIP Miami, Fl. 33014

TITLE VSD ☐ DELETE
NAME MENENDEZ, JUAN
STREET ADDRESS 15123 NW 87 PLACE
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DT ☐ DELETE
NAME PANDO, EMILIO
STREET ADDRESS 16969 NW 67H AVE., #200
CITY-ST-ZIP MIAMI FL

3.1 TITLE DT ☒ Change ☐ Addition
3.2 NAME PANDO, EMILIO
3.3 STREET ADDRESS 15165 N.W. 77th Ave. Suite 1002
3.4 CITY-ST-ZIP Miami, Fl. 33014

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

04.1597 (305) 367-2800

CR2E037 (9/96)