2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ATURE CONTROL

## Feb 15, 2006 08:00 AM DOCUMENT # N41390 **Secretary of State** 1. Entity Name GONZ-MOR CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 405 AND 407 EAST 15TH STREET HIALEAH FL 33010 405 AND 407 EAST 15TH STREET HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite. Apt. II. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 65-0328446 Not Applicab! Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GONZALEZ, CECILIA Street Address (P.O. Box Number is Not Acceptable) 405 EAST 15TH STREET HIALEAH FL 33010 Zip Code City 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 DATE Signature, typed or ownied name of registrated agent and title it approache (NOTE: Registered Agent signature re-(inved when remalaling) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be $\square$ Trust Fund Contribution. Florida Department of State Added to Fees Due By May 1, 2006 10. OFFICEHS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 ☐ Change ma Delete un GONZALEZ, CECILIA NAME U00000434571 405 EAST 15TH STREET STREET ADDRESS STREET ADDRESS 02/25/06-80007-813 61.25 HIALEAH FL CITY-SE-ZIE CSTY-ST-Z0P ☐ Change □ Add\*\* 33725 Defete F175 F MORAN, JOSE MANUEL NAME NAME 407 EAST 15TH STREET STREET ADDRESS STREET ADDRESS HIALEAH FL CITY - ST-ZIP 0)17 - S1 - 28P ם □ 2.00 TITLE Defete RHE Change MORAN, MIRIAM NAME STREET ADDRESS 407 EAST 15TH STREET STREET ADDRESS C(1Y-S1-70) CITY-SI-ZIP HIALEAH FL ☐ AC Delete DILE ☐ Channe 1)5) \$ NAME NAME STREET ADDRESS STRELT ADDRESS CITY-ST-DP ENTY-S3-28P □ ACC ☐ Delete TITLE Change MAME MAME STREET ADDRESS STREET ADDRESS CHIY-SI-ZIP CSTY-SJ-IP TITLE ☐ Delete TITLE ☐ Change □ A-L MAME MAAN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-SI-ZP 12. I hereby certify that the information supplied with this hting does not qualify for the exemptions contained in Section 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 path; that I am an officer or directly the corporation or the receiver or trustee empowered to execute this report as required by Chapter 517, Florida Statutes, and Indian made expects in Block to or Block if changed, or on an attachment with an address, with all other like empowered. CECLLA GONTAL English and the property of the composition of the

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