

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48695

FILED
Jul 22, 2004
Secretary of State**Entity Name:** SCHENLEY PARK HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**POST OFFICE BOX 557104
MIAMI, FL 332557104**New Principal Place of Business:****Current Mailing Address:**POST OFFICE BOX 557104
MIAMI, FL 332557104**New Mailing Address:****FEI Number:** 65-0383766**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RIGGENBACH, LEE
5854 SW 31 STREET
MIAMI, FL 33155 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** TC () Delete
Name: MARTIN, MARIA
Address: 5946 SW 31 STREET
City-St-Zip: MIAMI, FL 33155**Title:** VD () Delete
Name: HOFMAN, STEPHANIE
Address: 6046 DEVONSHIRE BLVD
City-St-Zip: MIAMI, FL 33155**Title:** TD () Delete
Name: MACHIN, MANUEL
Address: 6225 SW 25TH STREET
City-St-Zip: MIAMI, FL 33155**Title:** S () Delete
Name: GORNAIL, ARA
Address: 5900 SW 31 STREET
City-St-Zip: MIAMI, FL 33155**Title:** TC () Delete
Name: RODRIGUEZ, RALPH,
Address: 2600 SW 57 AVE.
City-St-Zip: MIAMI, FL 33155**Title:** PD () Delete
Name: COTO, MARIA E
Address: 6044 SW 31 STREET
City-St-Zip: MIAMI, FL 33155**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
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Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA E COTO

PD

07/22/2004

Electronic Signature of Signing Officer or Director

Date