

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

PROF
DATE
G/L C

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90016 021 ****61.25

DOCUMENT # N49791

1. Entity Name
PLUMBAGO COMMUNITY ASSOCIATION, INC.



APPI

CK#

40045506

3/28/06 3/31/06
M/S. Secret.



Principal Place of Business
**C/O MIAMI MANAGEMENT, INC.
14275 S.W. 142 AVE
MIAMI, FL 33186 US**

Mailing Address
**C/O MIAMI MANAGEMENT, INC.
14275 S.W. 142 AVE
MIAMI, FL 33186 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

0112006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0576519

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARKS, LARRY
7460 SW 130 ST.
MIAMI, FL 33156**

Name

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

APPROVED BY:

CK# 701 CK DATE 3/17 MAIL DATE 3/17

FL Zip Code

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
KLEE, ROSE MARIE
14924 SW 104 ST 33
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GALLAGHER, ALOYSIUS
10521 MAHOGANY KEY CIRCLE #208
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SCHMIDT, DAVID
14912 SW 104TH ST #46
MIAMI, FL 33196** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOOVLER, SALLIE
10441 MAHOGANY KEY CIRCLE, # 107
MIAMI, FL 33194** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SOLAM, ERIK
14912 SW 104 STREET, #69
MIAMI, FL 33194** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:

David A. Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. Schmidt 02/08/06 305-382-4867
Date Daytime Phone #