

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/4/1

FILED
Aug 09, 2006 8:00 am
Secretary of State

05-04-2006 90212 045 ****61.25

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0000000000 N93000003340			
1. Entity Name GRACE VILLAS II CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7953 NW 53 ST MIAMI, FL 33166 US		Mailing Address 7953 NW 53 ST MIAMI, FL 33166 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0568537		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 0000000000			
6. Name and Address of Current Registered Agent DUGGER, ROBERT A SR 7953 NW 53 ST MIAMI, FL 33166		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 0000000000	
Make check payable to: Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VP PENA, CORNELIO 8172 NW 10 STREET #4 MIAMI, FL 33126	☒ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P PAZ, CHRISTIAN 8166 NW 10 STREET #5 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
TITLE NAME STREET ADDRESS CITY-ST- ZIP	P PAZ, CHRISTIAN 8166 NW 10 STREET #5 MIAMI, FL 33126	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP
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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: <u>Jose Hernandez</u> SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN OFFICER OR DIRECTOR Date Daytime Phone			