2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 27, 2008 8:00 am Secretary of State

DOCUMENT # N9300004015 1. Entity Name EL PRADO XIV CONDOMINIUM ASSOCIATION, INC.									08-27-200	8 90010	J 004 · · · · 61.2	.5
Principal Place of Business 18590 N.W. 67TH AVE 200-B			18590 200-B	Mailing Address 18590 N.W. 67TH AVE 200-B				đor	1420.			
MIAMI, FL 33015 US			MIAMI, FL 33015 US									
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				_		. 7 3306 (1301 0 6 00) 0		687H \$187 \$838 1156 \$	HIND OF IN UF
Suite, Apt. #, etc.			Suite, Apt. #, etc.					07072008	Chg-NP	CI	R2E037 (12/06)	
City & State			City & State					4. FEI Numb 65-048				oplied For of Applicable
Zip		Country	Zìp		Cou	entry		5. Certificate	of Status Des	ired [\$8.75 Add	
	6. Name	and Address of Current	Registered	i Agent				7. Name and	Address of N	lew Regis	tered Agent	
ROTUNDO, 18590 N.W.						Street A		P.O. Box Numb	er is Mot Acce		anasen	ent
200-В МІАМІ, FL 33015				18591			<u>90</u>	DNW GARE Ste 200B				
8. The above named entity submits this statement for the pyrpose of changing its registr						City	ىبد	rive		(5)	FL Zip Coo	$\mathcal{Q}\mathcal{S}_{\mathcal{Q}}$
the obligation	named entity ons of regist	ered agent.	or the burbo	ise of changing its	registere	ea office o	r register	ed agent, or bo	in, in the State	e of Florida	i. I am familiar with	and accept
SIGNATURE _						\leq_{Δ}	α_{l}		TIOS	7-	16-0	<u> </u>
s	Signature, typed	or printed name of registered agent	t and title if app	cable. (NOTI	E: Registere	d Agent signa	ture required	when reinstating)			DATE	
									i -			
(Du		e is \$61.25 \ stember 12, 2008	j	9. Election Car Trust Fund C	Contributi	-		\$5.00 May B Added to Fees		Florida I	check payable t Department of S	tate ·
10.	e by Sep		RECTORS	Trust Fund 0	Contributi	ion.		Added to Fees		Florida I	Department of S	tate ·
10.	e by Sep PD	OFFICERS AND DI	RECTORS		11.	ion.		Added to Fees		Florida I	Department of S	tate ·
10. TITLE NAME	PD MENDOZ	OFFICERS AND DI) RECTORS	Trust Fund 0	11.	ion. E		Added to Fees		Florida I	Department of S	tate ·
10. THILE NAME STREET ADDRESS	PD MENDOZ 3375 W. 7	OFFICERS AND DI A, ZOIA 6 ST #218) IRECTORS	Trust Fund 0	11. TITLE NAM STRE	E E ET ADORESS		Added to Fees		Florida I	Department of S	tate ·
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notine the use the port of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or diffector of the corporation of 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 attackment with an address, with all other like empowered.