

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90041 019 ****61.25

DOCUMENT # N94000000321 1. Entity Name SAINT HUGH OAKS VILLAGE ASSOCIATION, INC.					
Principal Place of Business 11981 SW 144 CT SUITE #201 MIAMI, FL 33186			Mailing Address 11981 SW 144 CT SUITE #201 MIAMI, FL 33186		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0576847	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKRID, INC 201 ALHAMBRA CIRCLE, #1102 MIAMI, FL 33134				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 reinstating)					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WALL, CRAIG S		NAME		
STREET ADDRESS	3613 SOUTH DOUGLAS		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRALOWS, TED		NAME		
STREET ADDRESS	3667 MABLE AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP		
TITLE	T/S	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	DEVANE, RUFUS		NAME	T/S	
STREET ADDRESS	3672 FRANKLIN AVE		STREET ADDRESS	3617 SW 27 AVE	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI FL 33133	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	ARTHUR, PATRICK		NAME	VOLPE, SALVATORE	
STREET ADDRESS	3609 SOUTH DOUGLAS RD		STREET ADDRESS	1341 NW 20 ST.	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	BENTON, LACY		NAME	MAURER, SILVIO	
STREET ADDRESS	3631 SW 37 AVE		STREET ADDRESS	6540 SW 64 CT	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	SOUTH MIAMI FL 33143	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Craig S. Wall</i>			Date: <i>1/22/2008</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <i>786 236 0477</i>		