

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2005 8:00 am**  
**Secretary of State**

03-09-2005 90035 012 \*\*\*\*61.25

DOCUMENT # N94000003202

1. Entity Name  
SANS SOUCI CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
11960 NE 19 DRIVE  
NORTH MIAMI, FL 33181 US

Mailing Address  
11960 NE 19 DRIVE  
NORTH MIAMI, FL 33181 US

40029093



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142005

Chg-NP

CR2E037 (10/03)

4. FEI Number  
65-0510327

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

GLAZER AND ASSOCIATES, P.A.  
1920 EAST HALLANDALE BEACH BLVD  
HALLANDALE, FL 33009

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)

DATE

Filing Fee is \$61.25  
Due by May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ORTIZ, ZENaida	
STREET ADDRESS	11960 NE 19 DRIVE, #27	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PERDOMO, ROBERTO	
STREET ADDRESS	11945 NE 19 DRIVE, #8	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BEAULIEU, FATIMA	
STREET ADDRESS	11960 NE 19 DRIVE #22	
CITY-ST-ZIP	NORTH MIAMI, FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARDONA, DIANA	
STREET ADDRESS	11930 NE APT 10	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAMS, KEN	
STREET ADDRESS	11960 NE 19TH DR APT 10	
CITY-ST-ZIP	MIAMI, FL 33181	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAROMAN, CAROLE	
STREET ADDRESS	11960 NE 19TH DR #15	
CITY-ST-ZIP	MIAMI, FL 33181	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTILLO, James	
STREET ADDRESS	11960 NE 19th Dr #27	
CITY-ST-ZIP	North Miami, FL 33181	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nunez, JACK	
STREET ADDRESS	11930 NE 19th Dr #10	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Perez, Isabel	
STREET ADDRESS	11930 NE 19th Dr #12	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michell, Edward	
STREET ADDRESS	11900 NE 19th Dr #17	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lucian, Lihana	
STREET ADDRESS	11930 NE 19th Dr #16	
CITY-ST-ZIP	N. Miami, FL 33181	
TITLE	DD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hardo, Teresa	
STREET ADDRESS	11960 NE 19th Dr #15	
CITY-ST-ZIP	N. Miami, FL 33181	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

305-652-3701