2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000005362

1. Entity Name
CRITERION ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5760 SW 107TH ST MIAMI, FL 33156 US	5760 SW 107 ST MIAMI, FL 33156 US

01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0554608
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIRANDA, JESUS
5761 S W 107 ST
MIAMI, FL 33156

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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 _____ DATE
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000051812
02/16/04-80066-008 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MIRANDA, JESUS
STREET ADDRESS	5761 S W 107 ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DT
NAME	ROSSO, JORGE
STREET ADDRESS	5760 SW 107 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DS
NAME	ROSSO, MARIA T
STREET ADDRESS	5760 S.W. 107 ST.
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 2-11-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JORGE L. ROSSO
PRES.