

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90069 045 ****61.25

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Jorge L. Rosso

Street Address (P.O. Box Number is Not Acceptable)

5760 S.W. 107 St.

City

Miami

FL

Zip Code
33156

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 ☐ Delete
NAME **DP**
STREET ADDRESS **MIRANDA, JESUS**
CITY-ST-ZIP **5761 S W 107 ST
MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME **DP sub T**
STREET ADDRESS **Jorge L. Rosso**
CITY-ST-ZIP **5760 S.W. 107 St.
Miami FL 33156**

TITLE ☐ Delete
NAME **DT**
STREET ADDRESS **ROSSO, JORGE**
CITY-ST-ZIP **5760 SW 107 ST.
MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME **D Vice P**
STREET ADDRESS **Jesus Miranda**
CITY-ST-ZIP **5761 S.W. 107 St.
Miami FL 33156**

TITLE ☐ Delete
NAME **DS**
STREET ADDRESS **ROSSO, MARIA T**
CITY-ST-ZIP **5760 S.W. 107 ST.
MIAMI FL 33156**

TITLE ☐ Change ☐ Addition
NAME **DT**
STREET ADDRESS **Ildefonso Mas**
CITY-ST-ZIP **5730 S.W. 107 St.
Miami FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **DS**
STREET ADDRESS **Janet MacMichael**
CITY-ST-ZIP **5701 S W 107 St.
Miami FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME **D Sub S**
STREET ADDRESS **Maria T. Rosso**
CITY-ST-ZIP **5760 S W 107 St.
Miami FL 33156**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

(Signature) (PRESS) 2-6-06 (305) 666-7718