


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000005362		
1. Entity Name CRITERION ESTATES HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 5760 SW 107TH ST MIAMI, FL 33156 US	Mailing Address 5760 SW 107 ST MIAMI, FL 33156 US	



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0554608	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ROSSO, JORGE L
5760 SW 107 ST
MIAMI, FL 33156

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000783462
01/16/08-30015-019 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAHAN, SIMON 5791 SW 107TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROSSO, JORGE L 5760 SW 107 ST. MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TYSON, CHERYL 5700 SW 107TH STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MAS, ILDEFONSO 5730 SW 107 ST MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MACMICHAEL, JANET 5701 SW 107 ST MIAMI, FL 33156
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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #