2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

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1. Entity Name
LA PLAYA DE VARADERO IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
18801 COLLINS AVENUE
SUNNY ISLES, FL 33169

Mailing Address
8500 W FLAGLER STREET
MIAMI, FL 33144 US

DO NOT WRITE IN THIS SPACE

03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0606431

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HERNANDEZ & TACORONTE CPA
8500 FLAGLER ST, SUITE B 208
MIAMI, FL 33144

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LUIS, MAGDALENA
STREET ADDRESS	6561 W. 11TH CT.
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	PD
NAME	CORDERO, CARLOS
STREET ADDRESS	4905 SW 88TH CT
CITY-ST-ZIP	MIAMI, FL 33165
TITLE	TD
NAME	SEONANE, CARLOS
STREET ADDRESS	954 SE 1ST STREET
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	VD
NAME	ROIG, MARIA
STREET ADDRESS	1990 W. 56 ST., 1112
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	D
NAME	ALVAREZ, OLGA
STREET ADDRESS	514 NW 25TH CT
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/20/06-80004-015 150.00

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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: _____ 3/6/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #