**FILED**
**May 01, 2008 8:00 am**
**Secretary of State**
04-11-2008 90048 046 ****61.25

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N95000003015

1. Entity Name
SAN MATEO FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 17225 NW 74 PLACE<br>MIAMI, FL 33015 US | PO BOX 440067<br>MIAMI, FL 33144 |

04082008 Chg-NP CR2E037 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 17225 NW 74 PLACE | PO Box 940218 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI, FL | City & State: MIAMI, FL |
| Zip: 33015 Country: US | Zip: 33194 Country: US |

4. FEI Number: 65-0661500 ☐ 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 |
|---|---|
| UNLIMITED PROPERTY MANAGEMENT<br>7656 NW 50ST<br>MIAMI, FL 33166 | Name: RENOVATIONS PROPERTY MANAGEMENT<br>Street Address (P.O. Box Number is Not Acceptable)<br>6801 NW 77 AVE #205<br>City: MIAMI FL Zip Code: 33166 |

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] 4/8/08
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

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>MARICHAL, DOLORES<br>7655 NW 50 STREET<br>MIAMI, FL 33166 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MARICHAL, DOLORES<br>6801 NW 77 AVE #205 PD<br>MIAMI, FL 33166 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>LIMONTA, JORGE M<br>7655 NW 50 STREET<br>MIAMI, FL 33166 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | LIMONTA, JORGE M<br>6801 NW 77 AVE #205 SD<br>MIAMI FL 33166 ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>GOMEZ, HECTOR<br>7655 NW 50 STREET<br>MIAMI, FL 33166 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | GOMEZ, HECTOR<br>6801 NW ~~77~~ AVE #205<br>MIAMI FL 33166 VP ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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:** Dolores Marichal 4/8/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #