

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004897 (3)

1. Corporation Name

SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

16969 NW 67TH AVE. STE. 200
MIAMI FL 33015

Mailing Address

16969 NW 67TH AVE. STE. 200
MIAMI FL 33015

3. Date Incorporated or Qualified

10/13/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 17240 N.W. 74 PATH

26 P.O. BOX 173067

4. FEI Number

65-0629272

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PANDO, DOMINGO
16969 NW 67TH AVE, STE. 200
MIAMI FL 33015

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD ☐ DELETE
NAME PANDO, DOMINGO
STREET ADDRESS 16969 NW 67TH AVE, STE. 200
CITY-ST-ZIP MIAMI FL 33015

1.1 TITLE PTD ☒ Change ☐ Addition
1.2 NAME PANDO, DOMINGO
1.3 STREET ADDRESS 17240 N.W. 74 PATH
1.4 CITY-ST-ZIP MIAMI, FL. 33015

TITLE VSD ☐ DELETE
NAME PANDO, EMILIO
STREET ADDRESS 16969 NW 67TH AVE, STE. 200
CITY-ST-ZIP MIAMI FL 33015

2.1 TITLE VSD ☒ Change ☐ Addition
2.2 NAME PANDO, EMILIO
2.3 STREET ADDRESS 17240 N.W. 74 PATH
2.4 CITY-ST-ZIP MIAMI, FL. 33015

TITLE D ☐ DELETE
NAME RODAN, DOMINGO
STREET ADDRESS 16969 NW 67TH AVE, STE. 200
CITY-ST-ZIP MIAMI FL 33015

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME ROLDAN, DOMINGO
3.3 STREET ADDRESS 17240 N.W. 74 PATH
3.4 CITY-ST-ZIP MIAMI, FL. 33015

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINGO PANDO

PRESIDENT

04/23/96

(305) 362-2900

Date

Daytime Phone #

CR2E037 (12/95)