


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90001 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N95000004897

1. Corporation Name

SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

15315 NW 60TH AVE
 F
 MIAMI LAKES FL 33014
 US

Mailing Address

15315 NW 60TH AVE
 F
 MIAMI LAKES FL 33014
 US



2. Principal Place of Business

21 Suite, Apt., etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt., etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/13/1995

4. FEI Number

65-0629272

Applied For
 Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~MILLER, OSVALDO~~
 15315 NW 60TH AVE
 #F
 MIAMI LAKES FL 33014

10. Name and Address of New Registered Agent

81 Name *A First Union Realty & Management Co.*
 82 Street Address (P.O. Box Number is Not Acceptable)
15315 NW 60TH AVE # F
 83
 84 City *MIAMI LAKES* FL 85 Zip Code *33014*

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]*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/99

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ULMOS, GUILLERMO	
STREET ADDRESS	15315 NE 60 AVE #F	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRUZATA, BARBARA	
STREET ADDRESS	15315 NW 60 AVE #F	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CARDENO, ANTONIO	
STREET ADDRESS	15315 NW 60 AVE #F	
CITY-ST-ZIP	MIAMI LAKES FL 33014	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GUERRA, HECTOR	
STREET ADDRESS	15315 NW 60 AVE #F	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ORESTES	
STREET ADDRESS	15315 NW 60 AVE #F	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VALDES, JESUS	
STREET ADDRESS	15315 NW 60TH #F	
CITY-ST-ZIP	MIAMI LAKES FL 33014	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<i>ELIO REVILLA</i>
4.3 STREET ADDRESS	<i>15315 NW 60TH AVE # F</i>
4.4 CITY-ST-ZIP	<i>MIAMI LAKES, FLA 33014</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)