

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2004 8:00 am
Secretary of State

03-09-2004 90056 042 ****70.00

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1. Entity Name
SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1957 WEST 60 ST.
HIALEAH, FL 33012 US

Mailing Address
1957 WEST 60 ST.
HIALEAH, FL 33012 US

66430327



2. Principal Place of Business

7600 W 20 Ave

3. Mailing Address

7600 W 20 Ave

Suite, Apt. #, etc.

217

Suite, Apt. #, etc.

217

City & State

Hialeah, FL

City & State

Hialeah, FL

07152004

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0629272

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**TERRA ASSOCIATION MGMT SERVICE, INC.
1957 W 60 STREET
HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 September 8, 2004**

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **SALCEDO, MARIA N**
CITY-ST-ZIP **8285 NW 186TH STREET, UNIT 601
MIAMI, FL 33015**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **CRUZATA, BARBARA**
CITY-ST-ZIP **15315 NW 60 AVE #F
MIAMI LAKES, FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **CARDENO, ANTONIO**
CITY-ST-ZIP **8255 N.W. 186TH STREET UNIT 1001
MIAMI, FL 33015**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **REVILLA, ELIO**
CITY-ST-ZIP **8315 N.W. 186 STREET UNIT 403
MIAMI, FL 33015**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **FERNANDEZ, ORESTES**
CITY-ST-ZIP **8265 N.W. 186 STREET UNIT 902
MIAMI, FL 33015**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **VALDES, JESUS**
CITY-ST-ZIP **8285 NW 186 ST
MIAMI, FL 33015**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Date

Daytime Phone #

7/15/04 3058266606