

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N95000004897</b> 1. Entity Name <b>SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7600 W 20 AVE # 217 HIALEAH, FL 33016 US</b>			Mailing Address <b>7600 W 20 AVE # 217 HIALEAH, FL 33016 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0629272</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>TERRA ASSOCIATION MGMT SERVICE, INC. 1957 W 60 STREET HIALEAH, FL 33012</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>SALCEDO, MARIA N</b> <b>8285 NW 186TH STREET, UNIT 601</b> <b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000469806</b> <b>03/27/06-80014-010 70.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>CRUZATA, BARBARA</b> <b>15315 NW 60 AVE #F</b> <b>MIAMI LAKES, FL</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>CARDENO, ANTONIO</b> <b>8255 N.W. 186TH STREET UNIT 1001</b> <b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>REVILLA, ELIO</b> <b>8315 N.W. 186 STREET UNIT 403</b> <b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FERNANDEZ, ORESTES</b> <b>8265 N.W. 186 STREET UNIT 902</b> <b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>VALDES, JESUS</b> <b>8285 NW 186 ST</b> <b>MIAMI, FL 33015</b> <input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/14/06 Date	
Daytime Phone #					