2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2007 8:00 am
Secretary of State
07-06-2007 90020 034 ****70.00

DOCUMENT # **N95000004897**

1. Entity Name

SAN MATEO NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7600 W 20 AVE # 217 HIALEAH FL 33016 US	7600 W 20 AVE # 217 HIALEAH FL 33016 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
TERRA ASSOCIATION MGMT SERVICE, INC. 1957 W 60 STREET HIALEAH FL 33012	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

FILE NOW: FEE IS $61.25
Due By May 1, 2007

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	S SALCEDO, MARIA N 8285 NW 186TH STREET, UNIT 601 MIAMI FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President. Isaac Sierra 7600 W 20 AVE suite 217 Hialeah, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CRUZATA, BARBARA 15315 NW 60 AVE #F MIAMI LAKES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V-President. Elio, Revilla 7600 W20 AVE suite 217 Hialeah, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CARDENO, ANTONIO 8255 N.W. 186TH STREET UNIT 1001 MIAMI FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST-ZIP	Treasurer Marcel Gonzalez 7600 W 20 AVE suite 217 Hialeah, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REVILLA, ELIO 8315 N.W. 186 STREET UNIT 403 MIAMI FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary Fernandez, Oreste 7600 W 20 AVE suite 217 Hialeah, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERNANDEZ, ORESTES 8265 N.W. 186 STREET UNIT 902 MIAMI FL 33015	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Director Yamira Sierra 7600 W 20 AVE suite 217 Hialeah, FL 33016	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P VALDES, JESUS 8285 NW 186 ST MIAMI FL 33015	☒ 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 Section 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: Isaac Sierra 6/14/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #