


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91053 011 ****61.25

DOCUMENT # N96000004261 1. Entity Name EARLINGTON HEIGHTS OLINDA ASSOCIATION INC.	
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Principal Place of Business 1901 NW 52ND STREET MIAMI, FL 33142-3778 US	Mailing Address 1901 NW 52ND STREET MIAMI, FL 33142-3778 US
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14009023



04212004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PERRY, ELIZABETH 2113 NW 50TH ST MIAMI, FL 33142-3778

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C EVERETT, TIMOTHY 2140 NW 50TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC COCHRAN, JUAN 1901 NW 52ND STREET MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC PERRY, ELIZABETH 2113 NW 50TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPENCE, SAMUEL 2138 NW 49 ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, PAULETTE 2110 NW 48TH ST MIAMI, FL 33142
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ANNE 1940 NW 47TH STREET MIAMI, FL 33142

**DO NOT WRITE
IN THIS SPACE**

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 #

TIMOTHY EVERETT

4-21-04 305 637-0807