# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 31, 2006 8:00 am**
**Secretary of State**
04-27-2006 90171 031 ****61.25

**DOCUMENT # N96000004261**

1. Entity Name
EARLINGTON HEIGHTS OLINDA ASSOCIATION INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2140 NW 50TH ST<br>MIAMI, FL 33142 US | 2140 NW 50TH ST<br>MIAMI, FL 33142 US |

04152006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

PERRY, ELIZABETH
2113 NW 50TH ST
MIAMI, FL 33142-3778

**7. Name and Address of New Registered Agent**

Name TIMOTHY EVERETT
Street Address (P.O. Box Number is Not Acceptable)
2140 N.W 50ST
City MIAMI FL Zip Code 33142

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 Timothy Everett 5-23-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when executing) DATE

**Filing Fee is $61.25**
**Due by May 1, 2006**

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 | C<br>EVERETT, TIMOTHY<br>2140 NW 50TH ST<br>MIAMI, FL 33142 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CC<br>COCHRAN, JUAN<br>1901 NW 52ND STREET<br>MIAMI, FL 33142 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CC<br>PERRY, ELIZABETH<br>2113 NW 50TH ST<br>MIAMI, FL 33142 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Barbara Mathis<br>2011 NW 52 ST.<br>Miami, FL 33142 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>SPENCE, SAMUEL<br>2138 NW 49 ST<br>MIAMI, FL 33142 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, PAULETTE<br>2110 NW 48TH ST<br>MIAMI, FL 31342 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GREEN, ANNE<br>1940 NW 47TH STREET<br>MIAMI, FL 31342 | ☐ 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 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.

**SIGNATURE:** Timothy Everett 5-23-06 305 637-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #