

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000004830**

1. Entity Name  
**GEOMARA GARDENS CONDOMINIUM ASSOCIATION,  
INC.**



Principal Place of Business  
**2200 NW 102ND AVENUE  
SUITE 5  
DORAL, FL 33172**

Mailing Address  
**2200 NW 102ND AVENUE  
SUITE 5  
DORAL, FL 33172**

**DO NOT WRITE IN THIS SPACE**



03222006 No Chg-NP CR2E037 (11/05)

4. FEI Number **65-0713508** Applied For  
Not Applicable

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

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

**SPM GROUP INC  
2200 NW 102ND AVENUE  
SUITE 5  
DORAL, FL 33172**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

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

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  
**PD  
TOLEDO, RICARDO  
6973 W. 29TH AVENUE, UNIT 103  
HIALEAH, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**TD  
CAMPOS, MAGGIE  
6973 W. 29TH AVENUE, UNIT 207  
HIALEAH, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SD  
DEDIEU, EDUARDO  
6973 W. 29TH AVENUE, UNIT 103  
HIALEAH, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000562402  
05/19/06-80054-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/06**  
Date

Daytime Phone #