

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

DOCUMENT # N96000004830

1. Entity Name
GEOMARA GARDENS CONDOMINIUM ASSOCIATION, INC.



2008 JUL -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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



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

06172008 Chg-NP CR2E037 (12/06)

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

DIAZ, ROBERTO
2200 NW 102 AVE #5
DORAL, FL 33172

7. Name and Address of New Registered Agent

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 _____

Amended AR is \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TOLEDO, RICARDO	
STREET ADDRESS	6973 W. 29TH AVENUE, UNIT 103	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CAMPOS, MAGGIE	
STREET ADDRESS	6973 W. 29TH AVENUE, UNIT 207	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DEDIEU, EDUARDO	
STREET ADDRESS	6973 W. 29TH AVENUE, UNIT 103	
CITY-ST-ZIP	HIALEAH, FL 33018	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez Nery	
STREET ADDRESS	6985 W 29 AVE	
CITY-ST-ZIP	Hialeah, FL 33018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date 6/12/08

Daytime Phone # _____