2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 03, 2004 08:00 AM Secretary of State DOCUMENT # N97000000758 1. Entity Name MONTANO CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7837 NW 55TH STREET MIAMI FL 33166 7837 NW 55TH STREET MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 65-0875039 Not Applicable \$8.75 Additional Zο Country Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTANO, CESAR C Street Address (P.O. Box Number is Not Acceptable) 9143 NW 171 LANE HIALEAH FL 33018 Zip Code City 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 Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE Delete THELE MONTANO, CESAR C NAME NAME 9143 NW 171 LANE STREET ADDRESS STREET ADDRESS MIAM! FL 33018 CITY-ST-7IP CITY - ST- ZIP ☐ Delete Change ☐ Addition TITLE 1173 F SZUSTER, GABRIEL I NAME U00000075137 10010 SW 28 ST STREET ADDRESS STREET ADDRESS 03/03/04-80047-013 61.25 MIAMI FL 33165 GITY - ST- ZIP CRY-ST-ZIP Change Addition C Delete 1371.6 MONTANO, CESAR JR NAME NAAAF 8281 NW 171 STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33015 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition NAME MAM STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TATE F Addition रताङ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY - \$1-78P Change Addition BILE Delete RILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C81Y - ST - 78P

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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 employered to execute that 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 employered.

SIGNATURE:

02-27-04

305.592.3287

**FILED**