

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

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90064 010 ****70.00

DOCUMENT # N97000004256

1. Entity Name

GWEN CHERRY APARTMENTS RESIDENT ASSOCIATION, INC.



Principal Place of Business

**GWEN CHERRY APARTMENTS
2099 NW 23RD STREET
MIAMI FL 33142**

Mailing Address

**GWEN CHERRY APARTMENTS
2099 NW 23RD STREET
MIAMI FL 33142**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, ELAINE
C/O GWEN CHERRY APARTMENTS
2099 NW 23RD STREET
MIAMI FL 33142**

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 **TD** ☐ Delete
NAME **GREEN, DEBORAH**
STREET ADDRESS **2112 NW 19TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE **TD** ☒ Change ☐ Addition
NAME **Green, Deborah**
STREET ADDRESS **1569 NW 30th Street**
CITY-ST-ZIP **Miami, FL 33142**

TITLE **VD** ☐ Delete
NAME **JOHNSON, EARNEST**
STREET ADDRESS **1233 NW 24TH ST**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **GRAY, ANNIE**
STREET ADDRESS **2035 NW 23RD STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **JOHNSON, ELAINE**
STREET ADDRESS **2026 NW 19TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **JOHNSON, PAMELA**
STREET ADDRESS **2840 NW 10 AVE**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-04 (786) 234-6885