


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N97000004834 1. Entity Name CROWNGATE VILLAS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 1270 W 42 ST HIALEAH, FL 33012	Mailing Address 1270 W 42 ST UNIT 102 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



01062005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0812673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PEREZ, RICARDO 1270 W 42 ST UNIT 105 HIALEAH, FL 33012	DO NOT WRITE IN THIS SPACE
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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 _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RODRIGUEZ, RAFAEL 1270 W 42 ST UNIT 102 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLANCO, ROLANDO 1270 W 42 ST., UNIT 202 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD TEJEDOR, ALVARO 1270 W 42 ST UNIT 201 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DIAZ-SAINZ, ROLANDO 1270 W 42 ST., UNIT 101 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/13/05-80010-016 61.25

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: Rafael Rodriguez 01/08/05 305-828-2585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #