

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90036 002 ****61.25

DOCUMENT # N97000004996

1. Entity Name

CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

501 E 24 ST
205
HIALEAH FL 33013
US

Mailing Address

501 E 24 ST
205
HIALEAH FL 33013
US

2. Principal Place of Business

501 E. 24 STREET

Suite, Apt. #, etc.
205

City & State
Hialeah, FLORIDA

Zip
33013

Country
U.S.A

3. Mailing Address

CROWNGATE POINT CONDO.

Suite, Apt. #, etc.

501 E. 24 ST. #205

City & State
Hialeah, FLORIDA

Zip
33013

Country
U.S.A



MOORE

CR2E037 (11/03)

4. FEI Number

65-0812672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OBDULIA, PEREZ I
501 E. 24TH ST
101
HIALEAH FL 33013

7. Name and Address of New Registered Agent

Name **ZUNILDA VILLA**

Street Address (P.O. Box Number is Not Acceptable)

501 E. 24 ST. # 104

City **Hialeah**

FL

Zip Code
33013

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

Zunilda Villa P.D.

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-19-04

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OBULIA, PEREZ 501 E 24 ST 202 HIALEAH FL 33013	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MARICEL, PUENTES 501 E 24ST 204 HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGO, VINAGERA 501 E 24ST 201 HIALEAH FL 33013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZUNILDA VILLA 501 E. 24 ST. # 104 Hialeah, FL. 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MARICEL PUENTES 501 E. 24 ST. # 204 Hialeah, FL. 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGO VINAGERA 501 E. 24 ST. # 201 Hialeah, FL. 33013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Zunilda Villa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-04 (305-6962085)