## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOOL !NACNIT # NIOZOOO0400C



**FILED** Jun 23, 2006 8:00 am Secretary of State

1. Entity Name CROWNGATE POINT CONDOMINIUM ASSOCIATION, INC.					06-23-2006 90009 021 ****61.25						
Principal Place of Business 501 E 24 ST. 205 HIALEAH, FL 33013 US		Mailing Address CROWNGATE POINT CO 501 E 24 ST., #205 HIALEAH, FL 33013	ONDO US		4000000						
·	Place of Business	3. Mailing Address	- 1								
.50 / Suite, Apt.	E 24 5+.	Suite, Apt. #, etc.	<u>Point Con</u>				61MB) 24 1021				
	20 <i>5</i>	501 E 245	H #20	5 053020	06 Chg-NP	CR2E037 (4/06)	)				
City & Stat		City & State Hialeah	F1	4. FEI NU 65-0	mber 812672	<del></del>	Applied For Not Applicable				
330 330	Country US	33013	Country U.S	5. Certific	cate of Status Desired	□ <b>\$8.75</b> A Fee Requi	dditional red				
	6. Name and Address of Current	Registered Agent	Ness	7. Name	and Address of New F	Registered Agent					
PUENTES 501 E 24 S	, MARICEL ST.	<del></del> -	Name /	ddress (P.O. Box Nu	MQV umber is Not Acceptable	(L/11) _	<del></del>				
#204 HIALEAH,	FL 33013		501	1 F 711	st						
			50	1 1 .	21	FL Zip Co	ode				
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 .	Yventes, Mar	icel.	Hacity		· · · · · · · · · · · · · · · · · · ·	6-19-0	<u>6·</u>				
	Signature, typed or printed name of registered agent in	and tide if applicable. (NO)	E: Registered Agent signatu	re required when reinstatin	<del>3</del> )	DATE					
	Filing Fee is \$61.25 ue by September 6, 2006	9. Election Ca Trust Fund	mpaign Financing Contribution.	\$5.00 M Added to F	ay Be M ees Flor	Take check payable rida Department of	to State				
10.	Filing Fee is \$61.25 ue by September 6, 2006 OFFICERS AND DIF	9. Election Ca Trust Fund	mpaign Financing Contribution.	\$5.00 M Added to F	av Be N	Take check payable rida Department of RS AND DIRECTORS	to State				
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIF PD MARICEL, PUENTES 501 E 24ST 204	9. Election Ca Trust Fund	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS	S5.00 M Added to F  ADDITIONS  PD Marilin 1 501 E 2	ay Be ees Flor	Take check payable rida Department of CRS AND DIRECTORS	to State				
TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIF PD MARICEL, PUENTES 501 E 24ST 204 HIALEAH, FL 33013	9. Election Ca Trust Fund RECTORS	mpaign Financing Contribution.  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP	S5.00 M Added to F ADDITIONS	ay Be ees Flor	Take check payable rida Department of ERS AND DIRECTORS	to State IN 10				
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIF PD MARICEL, PUENTES 501 E 24ST 204 HIALEAH, FL 33013 D VINAGERA, HUGO 501 E 24ST 201	9. Election Ca Trust Fund RECTORS	mpaign Financing Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	S5.00 M Added to F  ADDITIONS  PD Marilin I 501 E 2  Higleah  Ada Prin 501 E 2	ay Be ees Flor /CHANGES TO OFFICE  4 UNIL Y 5 + \$20! F/ 330!	Take check payable rida Department of ERS AND DIRECTORS	to State IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 6, 2006  OFFICERS AND DIF PD MARICEL, PUENTES 501 E 24ST 204 HIALEAH, FL 33013 D VINAGERA, HUGO 501 E 24ST 201 HIALEAH, FL 33013	9. Election Ca Trust Fund RECTORS Delete	mpaign Financing Contribution.  11.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 M Added to F  ADDITIONS PD Marilin 1 501 E 2 Higleah D Ada Prin 501 E 2 Higleah	ay Be ees Flor ICHANGES TO OFFICE  Y 5+ \$201  F1 3301	Take check payable rida Department of Change	to State IN 10 Addition				
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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.

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Marilia Muniz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #