


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

06-23-2006 90009 021 ****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 CROWNGATE POINT CONDO 501 E 24 ST., #205 HIALEAH, FL 33013 US		
2. Principal Place of Business 501 E 24 ST. Suite, Apt. #, etc. 205			3. Mailing Address Crowngate Point Condo Suite, Apt. #, etc. 501 E 24 ST #205		
City & State Hialeah FL		City & State Hialeah FL		4. FEI Number 65-0812672	
Zip 33013		Country US		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 PUENTES, MARICEL 501 E 24 ST. #204 HIALEAH, FL 33013			7. Name and Address of New Registered Agent Name <u>Muñiz Marlin</u> Street Address (P.O. Box Number is Not Acceptable) <u>501 E 24 ST</u> City <u>Hialeah</u> <u>FL</u> Zip Code <u>33013</u>		
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 <u>Puentes, Maricel</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>6-19-06</u> <small>(NOTE: Registered Agent Signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARICEL, PUENTES 501 E 24ST 204 HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marlin Muñiz 501 E 24 ST #201 Hialeah FL 33013	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINAGERA, HUGO 501 E 24ST 201 HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ada Prieto 501 E 24 ST #202 Hialeah FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HUNIZ, MARILIN 501 E 24 ST #201 HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST Milagros Gonzalez 501 E 24 ST #203 Hialeah FL 33013	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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.					
SIGNATURE: <u>Marlin Muñiz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>6-19-06</u> <small>Daytime Phone #</small>		