

Amended

2007 NOT-FOR-PROFIT CORPORATION

FILED

2007 NOV 29 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 - No P.O. Box 501 E 24st Subd. A/C, etc. 205		3. Mailing Address Crown Gate Point cond 501 E 24st #205	
City & State Hialeah FL		City & State Hialeah FL	
Zip 33013		Zip 33013	
County US		County US	
4. FEI Number 65-0812672		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		68.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNIZ, MARILIN 501 E 24 ST. #204 HIALEAH, FL 33013		7. Name and Address of New Registered Agent ADA M Prieto 501 E 24st #101 Hialeah FL 33013	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, as both in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Muniz Marilyn		DATE 10-26-07	
FILE NUMBER: FILED TO 0030.00 After January 1, 2008, Fee will be \$207.00		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VPST	NAME GONZALEZ, MILAGROS	TITLE P	NAME Ada Prieto
STREET ADDRESS 501 E 24ST 204	CITY-ST-ZIP HIALEAH, FL 33013	STREET ADDRESS 501 E 24st #101	CITY-ST-ZIP Hia FL 33013
TITLE O	NAME PRIETO, ADA	TITLE VP	NAME Milagros Gonzalez
STREET ADDRESS 501 E 24ST 201	CITY-ST-ZIP HIALEAH, FL 33013	STREET ADDRESS 501 E 24ST #204	CITY-ST-ZIP Hia FL 33013
TITLE PD	NAME MUNIZ, MARILIN	TITLE T	NAME Antonio Prieto
STREET ADDRESS 501 E 24 ST #201	CITY-ST-ZIP HIALEAH, FL 33013	STREET ADDRESS 501 E 24st #101	CITY-ST-ZIP Hia FL 33013
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 130, 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 130, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed or on an attachment with my address, with all other then approved.			
SIGNATURE: x Ada Prieto		DATE: 11/26/07	