

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 25, 2008 8:00 am
Secretary of State

06-25-2008 90009 049 ****70.00

DOCUMENT # N97000006595

1. Entity Name

MARTIN FINE VILLAS RESIDENT ASSOCIATION INC.



Principal Place of Business

MARTIN FINE VILLAS
1301 NW 7TH ST. #303
MIAMI FL 33125
US

Mailing Address

1301 NW 7TH ST.
#303
MIAMI FL 33125
US

2. Principal Place of Business - No P.O. Box #

MARTIN FINE VILLAS

3. Mailing Address

1301 NW 7TH ST

Suite, Apt. #, etc.

1301 NW 7TH ST #303

Suite, Apt. #, etc.

303

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33125

Country

USA

Zip

33125

Country

USA

6. Name and Address of Current Registered Agent

SONIA, SUAREZ
1301 NW 7TH ST. #304
MIAMI FL 33125

7. Name and Address of New Registered Agent

Name SONIA SUAREZ

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

1301 NW 7TH ST #304

City MIAMI, FLORIDA

FL

Zip Code

33125

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By September 3, 2008

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	PD	<input type="checkbox"/> Delete
NAME	SUAREZ, SONIA	
STREET ADDRESS	1301 N.W. 7TH STREET, #304	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSALIA, DAUSA	
STREET ADDRESS	1301 NW 7TH ST #214	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSARIO, CASTRILLON	
STREET ADDRESS	1301 NW 7TH ST #201	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE	VPD	<input type="checkbox"/> Delete
NAME	GUEVARA, JUANA M	
STREET ADDRESS	1301 NW 7TH ST 218	
CITY-ST-ZIP	MIAMI FL 33125	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 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:

Sonia Suarez

06/19/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #