


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000003465

1. Entity Name
 INWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 9231 SW 87 AVE
 MIAMI, FL 33176

Mailing Address
 MIAMI MANAGEMENT, INC.
 14275 S.W. 142 AVENUE
 MIAMI, FL 33186



04212004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0909842

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TRIAI, CARLOS A
 10570 NW 27 ST
 #103
 MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000141639
 04/30/04-800119-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCOTO, NAYARIT 9227 S.W. 87 AVE, #B-3 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RECALDE, EDDIE 9225 S.W. 87 AVE #A-6 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OCHOA, MERCEDES 9231 S.W. 87 AVE #C-12 MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **NAYARIT ESCOTO** 4/22/04 (305) 858-5628
 SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) **PRESIDENT** Date Daytime Phone #