## 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N9800003465  1. Entity Name INWOOD CONDOMINIUM ASSOCIATION, INC.				FILED 04 OCT 22 PM 4: 01
Principal Place of Business 9231 SW 87 AVE MIAMI, FL 33176		Mailing Address MIAMI MANAGEMEN 14275 S.W. 142 AVI MIAMI, FL 33186		SECRETARY OF STATE FALLAHASSEE, FLORIDA
2. Principal P	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06072004 _Chg-NPCR2E037 (10/03)
City & State		City & State		4. FEI Number Applied For 65-0909842 Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
	6. Name and Address of Co	urrent Registered Agent	Name	7. Name and Address of New Registered Agent
TRIAY, CARLOS A 10570 NW 27 ST			Street	Address (P.O. Box Number is Not Acceptable)
#103 ————————————————————————————————————		-		
i.		: "	City	FL Zip Code
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  9. Election Campaign Financing  \$5.00 May Be  Make check payable to				
Amended AK is \$61.25 Trust Fund Contribution.   Added to Fees Florida Department of State				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ESCOTO, NAYARIT 9227 S.W. 87 AVE, #B-3 MIAMI, FL 33176	ND DIRECTORS ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RECALDE, EDDIE 9225 S.W. 87 AVE #A-6 MIAMI, FL 33176	Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNS, MARIA 9227 SW 87 AVE, # B-7 Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OCHOA, MERCEDES 9231 S.W. 87 AVE #C-12 MIAMI, FL 33176	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Change Addition Espejo, Marisa 9231 SW 87 Ave, # C-2 Miami, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Change Addition Garcia, Esperanza
NAME STREET ADDRESS CITY-ST-ZIP		☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RCONS Addition
12. I hereby certify that the information supplied with this filling 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 ABREU, PRES. 10-5-04 305-378-013				
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNANG OFFICER OR DIRECTOR Date Dayline Proce #				