


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90177 035 ****61.25

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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	
2. Principal Place of Business MIAMI MANAGEMENT INC. Suite, Apt. #, etc. 14275 S.W. 142 AVENUE		3. Mailing Address Suite, Apt. #, etc.	
City & State MIAMI FL		City & State	
Zip 33186	Country DADE	Zip	Country
4. FEI Number 65-0909842		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 TRIAY, CARLOS A 10570 NW 27 ST #103 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		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 PD <input type="checkbox"/> Delete NAME ABREU, NAYARIT STREET ADDRESS 9227 S.W. 87 AVE, #B-3 CITY-ST-ZIP MIAMI, FL 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D <input type="checkbox"/> Delete NAME MUNS, MARIA STREET ADDRESS 9227 SW 87 AVE, #B-7 CITY-ST-ZIP MIAMI, FL 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE TD <input type="checkbox"/> Delete NAME OCHOA, MERCEDES STREET ADDRESS 9231 S.W. 87 AVE #C-12 CITY-ST-ZIP MIAMI, FL 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE VD <input type="checkbox"/> Delete NAME ESPEJO, MARISA STREET ADDRESS 9231 SW 87 AVE #C-2 CITY-ST-ZIP MIAMI, FL 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE SD <input type="checkbox"/> Delete NAME GARCIA, ESPERANZA STREET ADDRESS 9227 SW 87 AVE #B-5 CITY-ST-ZIP MIAMI, FL 33176	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS 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 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: <i>Mercedes G. Ochoa</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/22/2005 Daytime Phone #: 305-378-0130	
MERCEDES OCHOA - TREASURER			