

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 07, 2006 8:00 am**  
**Secretary of State**

03-07-2006 90014 001 \*\*\*\*61.25

**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**

**50001200**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**65-0909842**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME              | STREET ADDRESS         | CITY-ST-ZIP     | <input type="checkbox"/> Delete     |
|-------|-------------------|------------------------|-----------------|-------------------------------------|
| PD    | ABREU, NAYARIT    | 9227 S.W. 87 AVE, #B-3 | MIAMI, FL 33176 | <input type="checkbox"/>            |
| D     | MUNS, MARIA       | 9227 SW 87 AVE, #B-7   | MIAMI, FL 33176 | <input type="checkbox"/>            |
| TD    | OCHOA, MERCEDES   | 9231 S.W. 87 AVE #C-12 | MIAMI, FL 33176 | <input type="checkbox"/>            |
| VD    | ESPEJO, MARISA    | 9231 SW 87 AVE #C-2    | MIAMI, FL 33176 | <input checked="" type="checkbox"/> |
| SD    | GARCIA, ESPERANZA | 9227 SW 87 AVE #B-5    | MIAMI, FL 33176 | <input type="checkbox"/>            |
|       |                   |                        |                 | <input type="checkbox"/>            |

| TITLE    | NAME      | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|----------|-----------|----------------|-------------|-------------------------------------|-----------------------------------|
|          |           |                |             | <input type="checkbox"/>            | <input type="checkbox"/>          |
| SD       | Secretary |                |             | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|          |           |                |             | <input type="checkbox"/>            | <input type="checkbox"/>          |
| Director |           |                |             | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
|          |           |                |             | <input type="checkbox"/>            | <input type="checkbox"/>          |

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: \_\_\_\_\_

*Mercedes E. Ochoa*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/9/2006*  
 DATE

Daytime Phone #