

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 AUG -3 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000003465 1. Entity Name INWOOD CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business EB MGMT GROUP 11980 SW 144 CT #203 MIAMI, FL 33186	Mailing Address EB MGMT GROUP 11980 SW 144 CT #203 MIAMI, FL 33186
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2. Principal Place of Business - No P.O. Box # EB MGMT. GROUP. Suite, Apt. #, etc. 11980 SW 144 CT. #211 City & State MIAMI, FL Zip 33186 Country USA.	3. Mailing Address EB MGMT. GROUP. Suite, Apt. #, etc. 11980 SW 144 CT. #211 City & State MIAMI, FL Zip 33186 Country USA
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07232007	Chg-NP	CR2E037 (12/06)
4. FEI Number 65-0909842	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRITT, LISBETH			NAME	BRITT, LINDA LISBETH		
STREET ADDRESS	9231 SW 87 AVE #C-4			STREET ADDRESS	9231 SW 87 AVE. #C4		
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP	MIAMI, FL 33176		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNS, MARIA			NAME			
STREET ADDRESS	9227 SW 87 AVE. #B-7			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MORENO, ORESTES			NAME			
STREET ADDRESS	9227 SW 87 AVE #B-1			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP			
TITLE	M	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANGAS, ENRI U			NAME			
STREET ADDRESS	9225 SW 57 AVE #A-6			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Lisbeth Britt **Lisbeth Britt President 7/28/07** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #