


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90037 017 ****61.25

DOCUMENT # N98000003465
 1. Entity Name
INWOOD CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business EB MGMT GROUP 11980 SW 144 CT #211 MIAMI, FL 33186	Mailing Address EB MGMT GROUP 11980 SW 144 CT #211 MIAMI, FL 33186
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01222008 No Chg-NP CR2E037 (4/06)

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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

~~TRIAI, CARLOSA~~ **Brian W. Pariser, P.A.**
~~10570 NW 27 ST~~ **9130 S. Dadeland Blvd**
~~#103~~ **Suite 1511**
~~MIAMI, FL 33172~~ **Miami, FL 33156**

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE PS	NAME BRITT, LINDA LISBETH	STREET ADDRESS 9224 SW 87 AVE #C-4 11980 SW 144 CT Suite 211	CITY-ST-ZIP MIAMI, FL 33176 33186
TITLE T	NAME MUNS, MARIA E.	STREET ADDRESS 9227 SW 87 AVE #B-7 11980 SW 144 CT Ste 211	CITY-ST-ZIP MIAMI, FL 33176 33186
TITLE S D	NAME MORENO, ORESTES	STREET ADDRESS 9227 SW 87 AVE #B-7 11980 SW 144 CT Suite 211	CITY-ST-ZIP MIAMI, FL 33176 Miami, FL 33186
TITLE M	NAME VANGAS, ENRIU	STREET ADDRESS 9225 SW 87 AVE #A-6	CITY-ST-ZIP MIAMI, FL 33176
TITLE P	NAME Villate, Manuel	STREET ADDRESS 11980 SW 144 CT STE 211	CITY-ST-ZIP Miami, FL 33186
TITLE D	NAME GARCIA, RAUL F.	STREET ADDRESS 11980 S.W. 144 CT STE. 211	CITY-ST-ZIP MIAMI, FL 33186

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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: *M Villate* **1/24/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #