## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000003465

FILED Feb 28, 2009 Secretary of State

Entity Name: INWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

TREASURE MANAGEMENT 2080 NW 191 AVE

PEMBROKE PINES, FL 33029 US

**New Mailing Address: Current Mailing Address:** 

TREASURE MANAGEMENT 2080 NW 191 AVE

PEMBROKE PINES, FL 33029 US

FEI Number: 65-0909842 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ALVAREZ, ERNESTO 9227 SW 87 AVE #B1

MIAMI, FL 33176 US

2080 NW 191 AVENUE US

PEMBROKE PINES, FL 33029

MIRABAL, JORGE

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.

SIGNATURE: JORGE MIRABAL 02/28/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete FERNANDEZ, VIVIAN Name:

2080 NW 191 AVE Address:

City-St-Zip: PEMBROKE PINES, FL 33029

Title: ( ) Delete MONTANO, ANET Name: Address: 2080 NW 191 AVE

City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete CONCHA, GONZALO Name: 2080 NW 191 AVE Address:

City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete ALVAREZ, ERNESTO Name: Address: 2080 NW 191 AVE

City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Delete

Name: Address: City-St-Zip: (X) Change ( ) Addition

SOTO, ODETTE Name:

Address: C/O TMS PO BOX 822431 City-St-Zip: PEMBROKE PINES, FL 33082

Title: (X) Change ( ) Addition

Name: SOTO, ODETTE

Address: C/O TMS PO BOX 822431 City-St-Zip: PEMBROKE PINES, FL 33082

Title: (X) Change ( ) Addition

CONCHA, GONZALO Name: C/O TMS PO BOX 822431 Address: City-St-Zip: PEMBROKE PINES, FL 33082

Title: (X) Change ( ) Addition PEREZ-LORETO, FRANCISCO Name: C/O TMS PO BOX 822431 Address: City-St-Zip: PEMBROKE PINES, FL 33082

Title: ( ) Change (X) Addition

CABRERA, RAFAEL Name: C/O TMS PO BOX 822431 Address: City-St-Zip: PEMBROKE PINES, FL 33082

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GONZALO CONCHA D 02/28/2009