

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003465

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** INWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O TMS 18501 PINES BLVD  
204  
PEMBROKE PINES, FL 33029 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O TMS 18501 PINES BLVD  
204  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

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

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

TREASURE MANAGEMENT SERVICES  
18501 PINES BOULEVARD  
204  
PEMBROKE PINES, FL 33029 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: SOTO, ODETTE  
Address: C/O TMS PO BOX 822431  
City-St-Zip: PEMBROKE PINES, FL 33082

Title: T  
Name: SOTO, ODETTE  
Address: C/O TMS PO BOX 822431  
City-St-Zip: PEMBROKE PINES, FL 33082

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

Title: P  
Name: PEREZ-LORETO, FRANCISCO  
Address: C/O TMS PO BOX 822431  
City-St-Zip: PEMBROKE PINES, FL 33082

I hereby 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 all other like empowered.

SIGNATURE: OS \_\_\_\_\_

Electronic Signature of Signing Officer or Director

S

04/18/2011

\_\_\_\_\_ Date