2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003465

FILED Apr 13, 2012 Secretary of State

Entity Name: INWOOD CONDOMINIUM ASSOCIATION, INC.

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

C/O TMS 18501 PINES BLVD C/O TMS 18501 PINES BLVD

204 208

PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33029 US

Current Mailing Address: New Mailing Address:

C/O TMS 18501 PINES BLVD C/O TMS 18501 PINES BLVD

04

PEMBROKE PINES, FL 33029 US 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:

TREASURE MANAGEMENT SERVICES TREASURE MANAGEMENT SERVICES

18501 PINES BOULEVARD
201

204 208
PEMBROKE PINES, FL 33029 US PEMBROKE PINES, FL 33029 US

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: 04/13/2012

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: F

Name: BRITT, LISBETH

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 T 04/13/2012