2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N99000001692

1. Entity Name
ANABAH GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8187 NW 8TH STREET,STE.309 MIAMI, FL 33126	8187 NW 8TH STREET,STE.309 MIAMI, FL 33126

DO NOT WRITE IN THIS SPACE

03242006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1122925

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, RAMON
8181 NW 8 ST
MIAMI, FL 33126

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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, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	OPT
NAME	GONZALEZ, RAMON
STREET ADDRESS	8187 NW 8TH STREET,STE.309
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	OVPS
NAME	GONZALEZ, JESUS R
STREET ADDRESS	8187 NW 8TH STREET,STE.309
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D
NAME	GONZALEZ, ABEL A
STREET ADDRESS	8187 NW 8TH STREET,STE.309
CITY-ST-ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/11/06-80064-012 61.25

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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: [signature] 3/24/06 (305) 785-3509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #