

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90046 010 ***150.00

DOCUMENT # P05000008988 1. Entity Name FLORINDA ESTATES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 16260 NW 84TH PLACE MIAMI LAKES, FL 33016			Mailing Address 16260 NW 84TH PLACE MIAMI LAKES, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 01072006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent VAZQUEZ, JAVIER L ESQ 8061 NW 155TH STREET MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name PIEDAD MENENDEZ Street Address (P.O. Box Number is Not Acceptable) 16260 NW 84TH PLACE City MIAMI LAKES FL Zip Code 33016	
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 <i>Piedad Menendez</i> PIEDAD MENENDEZ 1/6/06 <small>Signature, typed or printed name of registered agent and title if applicable. (Not if Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS MENENDEZ, JUAN 16260 NW 84TH PLACE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VDT JUAN MENENDEZ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT MENENDEZ, JOSE 16260 NW 84TH PLACE MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOSE MENENDEZ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS PIEDAD MENENDEZ 16260 NW 84TH PLACE MIAMI LAKES FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS PIEDAD MENENDEZ 16260 NW 84TH PLACE MIAMI LAKES FL 33016
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS PIEDAD MENENDEZ 16260 NW 84TH PLACE MIAMI LAKES FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS PIEDAD MENENDEZ 16260 NW 84TH PLACE MIAMI LAKES FL 33016
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 607, 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: <i>[Signature]</i> 1/6/06 (305) 826-8929 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					