

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004738

**Entity Name:** SOUTH MIAMI AVENUE HOMEOWNER'S ASSOCIATION, INC.

**FILED**  
**Apr 30, 2014**  
**Secretary of State**  
**CC8291670359**

**Current Principal Place of Business:**

41 SW 18TH TERRACE  
MIAMI, FL 33129

**Current Mailing Address:**

41 SW 18TH TERRACE  
MIAMI, FL 33129

**FEI Number: 65-1047682**

**Certificate of Status Desired: No**

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

DE LA PENA & ASSOCIATES, LLP  
600 BRICKELL AVENUE  
SUITE 7150  
MIAMI, FL 33131 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	PD	Title	S
Name	VEATER, COLIN DMR	Name	RUSSELL, EDWARD MR
Address	41 SW 18TH TERRACE	Address	51 SW 22ND STREET
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129
Title	VP	Title	T
Name	MCCABE, ROBERT DR.	Name	BORJA, PAUL MR
Address	1601 SOUTH MIAMI AVENUE	Address	1815 SOUTH MIAMI AVENUE
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129
Title	D	Title	D
Name	DE LA PENA, LEONCIO	Name	CROWLEY, SPENCER
Address	2055 SOUTH MIAMI AVENUE	Address	38 SW 22ND ROAD
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	MIAMI FL 33129

*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: COLIN VEATER**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date