

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004738

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

**FILED**  
**Apr 29, 2015**  
**Secretary of State**  
**CC2048864625**

**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  
Name VEATER, COLIN DMR  
Address 41 SW 18TH TERRACE  
City-State-Zip: MIAMI FL 33129

Title S  
Name RUSSELL, EDWARD MR  
Address 51 SW 22ND STREET  
City-State-Zip: MIAMI FL 33129

Title T  
Name BORJA, PAUL MR  
Address 1815 SOUTH MIAMI AVENUE  
City-State-Zip: MIAMI FL 33129

Title D  
Name DE LA PENA, LEONCIO  
Address 2055 SOUTH MIAMI AVENUE  
City-State-Zip: MIAMI FL 33129

Title D  
Name CROWLEY, SPENCER  
Address 38 SW 22ND ROAD  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name OLLOQUI, RAFAEL  
Address 1625 SOUTH MIAMI AVENUE  
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**

**04/29/2015**

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

\_\_\_\_\_  
Date