

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

DOCUMENT# N98000003465

**FILED  
Apr 27, 2015  
Secretary of State  
CC6312304969**

**Entity Name:** INWOOD CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O TMS 18501 PINES BLVD  
3000  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

C/O TMS 18501 PINES BLVD  
3000  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 65-0909842

**Certificate of Status Desired:** No

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

TREASURE MANAGEMENT SERVICES  
18501 PINES BOULEVARD  
SUITE 3000  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            SECRETARY  
Name            OCHOA , MERCEDES  
Address        C/O TMS PO BOX 822431  
City-State-Zip:    PEMBROKE PINES FL 33082

Title            TREASURER  
Name            VILLATE, MANUEL  
Address        C/O TMS PO BOX 822431  
City-State-Zip:    PEMBROKE PINES FL 33082

Title            PRESIDENT  
Name            SOTO, ODETTE  
Address        C/O TMS  
                  PO BOX 822431  
City-State-Zip:    PEMBROKE PINES, FL 33082

Title            VP  
Name            FERNANDEZ, ANTONIO  
Address        C/O TMS  
                  PO BOX 822431  
City-State-Zip:    PEMBROKE PINES FL 33082

Title            DIRECTOR  
Name            GARCIA, ESPERANZA  
Address        C/O TMS  
                  PO BOX 822431  
City-State-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:** ODETTE SOTO

**PRESIDENT**

**04/27/2015**

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

\_\_\_\_\_  
Date