

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90038 028 \*\*\*\*61.25

**DOCUMENT # 709558**  
 1. Entity Name  
 1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.



Principal Place of Business: 1100 ALTON ROAD APT. #2-F MIAMI BEACH FL 33139 US  
 Mailing Address: % CARL FISHER 108 P.O. BOX 398806 MIAMI BEACH FL 33239-8806

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State  
 Zip: Country Zip: Country

4. FEI Number: 59-1142913 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent  
 ORFILA, IRMA  
 1100 ALTON ROAD  
 APT.# 2-F  
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent  
 Name: COMESANAS-TIRSE, MELISSA  
 Street Address (P.O. Box Number is Not Acceptable): 1100 ALTON ROAD  
 APT.# 2 B  
 City: MIAMI BEACH FL Zip Code: 33139

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: *Melissa Comesanas-Tirse*  
 (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW: FEE IS \$61.25 Due By May 1, 2004  
 9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RICHER, VIEHESLAR N	
STREET ADDRESS	1100 ALTON RD. #2-F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MONTELIER, OLGA L	
STREET ADDRESS	1100 ALTON RD. #2-F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAUSSPIEGEL, ARLENE	
STREET ADDRESS	100 ALTON RD, #5A	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	ALEANTARA, MARAH	
STREET ADDRESS	1100 ALTON RD. #2-F	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMESANAS-TIRSE, MELISSA	
STREET ADDRESS	1100 ALTON RD #2 B	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	FD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ-PETERSON, ARANZAZO	
STREET ADDRESS	1100 ALTON RD, #3E	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZINI, LUCA	
STREET ADDRESS	1100 ALTON RD, #3E	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Melissa Comesanas-Tirse*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: Daytime Phone #: