

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 <input type="checkbox"/> \$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 <u>COMESANAS-TIRSE, MELISSA</u> Street Address (P.O. Box Number is Not Acceptable) <u>1100 ALTON ROAD</u> <u>APT.# 2 B</u> City <u>MIAMI BEACH</u> FL Zip Code <u>33139</u>	
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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*
Signature, typed or printed name of registered agent and title if applicable. (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: RICHER, VIEHESLAR N STREET ADDRESS: 1100 ALTON RD. #2-F CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: COMESANAS-TIRSE, MELISSA STREET ADDRESS: 1100 ALTON RD #2 B CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MONTELIER, OLGA L STREET ADDRESS: 1100 ALTON RD. #2-F CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: LOPEZ-PETERSON, ARANZAZO STREET ADDRESS: 1100 ALTON RD, #3E CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HAUSSPIEGEL, ARLENE STREET ADDRESS: 100 ALTON RD, #5A CITY-ST-ZIP: MIAMI BEACH FL 33139	<input type="checkbox"/> Delete	TITLE: S NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: ALEANTARA, MARAH STREET ADDRESS: 1100 ALTON RD. #2-F CITY-ST-ZIP: MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Delete	TITLE: VPD NAME: ZINI, LUCA STREET ADDRESS: 1100 ALTON RD, #3E CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank] NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #