


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 08:00 AM
Secretary of State

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

Principal Place of Business 1100 ALTON ROAD APT #3E MIAMI BEACH, FL 33139 US	Mailing Address % CARL FISHER 108 P.O. BOX 398806 MIAMI BEACH, FL 33239-8806
---	---



03312007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1142913	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZINI, LUCA
 1100 ALTON ROAD
 APT #3E
 MIAMI BEACH, FL 33139

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZINI, LUCA 1100 ALTON RD #3-E MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GASPARINI, GUILLERMO 1100 ALTON RD #3-C MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAUSSPIEGEL, IRLENE 100 ALTON RD, #5A MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LOPEZ-PETERSON, ARANZAZU 1100 ALTON RD #3E MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000690829
 04/12/07-80005-025 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: Guillermo Gasparini **3/31/07** (305) 672-8765

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #