

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 18, 2009
Secretary of State**

DOCUMENT# 709558

Entity Name: 1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

% CARL FISHER 108
P.O. BOX 398806
MIAMI BEACH, FL 332398806

New Mailing Address:

FEI Number: 59-1142913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZINI, LUCA
Address: 1100 ALTON RD #3-E
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: GASPARINI, GUILLERMO
Address: 1100 ALTON RD #3-C
City-St-Zip: MIAMI BEACH, FL 33139

Title: S () Delete
Name: HAUSSPIEGEL, IRLENE
Address: 100 ALTON RD, #5A
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD () Delete
Name: LOPEZ-PETERSON, ARANZAZU
Address: 1100 ALTON RD #3E
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GUILLERMO GASPARINI

TD

06/18/2009

Electronic Signature of Signing Officer or Director

Date