


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90026 045 \*\*\*\*61.25

<b>DOCUMENT # 712080</b>			
1. Entity Name FIFTH MIRAMAR CONDOMINIUM, INC.			
Principal Place of Business 6750 ARBOR DRIVE 107 MIRAMAR, FL 33023		Mailing Address 6750 ARBOR DRIVE 107 MIRAMAR, FL 33023	
2. Principal Place of Business		3. Mailing Address <i>elo Association Mgt Group</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>PO Box 630280</i>	
City & State		City & State <i>MIAMI, FL</i>	
Zip	Country	Zip <i>33163</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent		4. FEI Number 59-1202373	
PARKER, TANIKA 6750 ARBOR DRIVE 107 MIRAMAR, FL 33023		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Name		Chg-NP CR2E037 (10/03)	
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, TANIKA	NAME	
STREET ADDRESS	6750 ARBOUR DR., APT 107	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33023	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMMELLS, ANDRE	NAME	
STREET ADDRESS	6750 ARBOR DR. 102	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33023	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMIREA, LUCILLA	NAME	
STREET ADDRESS	6750 ARBOR DR., APT 10101	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33023	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTON, ROBERT	NAME	
STREET ADDRESS	6750 ARBOR DR. 205	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33023	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Tanika Parker</i>		Date: <i>5-12-05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	