

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 717229

1. Entity Name
821 - 82ND STREET CONDOMINIUM, INC.



Principal Place of Business
**825 NW 15TH STREET
 HOMESTEAD, FL 33030**

Mailing Address
**825 NW 15TH STREET
 HOMESTEAD, FL 33030**



01112005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MIRANDA, OSCAR
 825 NW 15TH STREET
 HOMESTEAD, FL 33030**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when restate)

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MIRANDA, OSCAR
STREET ADDRESS	825 NW 15TH STREET
CITY - ST - ZIP	HOMESTEAD, FL 33030

TITLE	DV
NAME	APONTE, CARLOS
STREET ADDRESS	821 82ND STREET NO 3
CITY - ST - ZIP	MIAMI BEACH, FL 33141

TITLE	STD
NAME	GERSHMAN, CAROL
STREET ADDRESS	3 ISLAND AVE APT 12-L
CITY - ST - ZIP	MIAMI BEACH, FL 331395024

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 01/20/05-80013-024 61.25

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Oscar Miranda* Oscar Miranda

1/11/05 3059865799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Domestic Phone #