

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90192 022 ****61.25

DOCUMENT # 719928

1. Entity Name
PLAZA DEL PRADO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**18071 BISCAYNE BOULEVARD
N MIAMI BEACH FLA, 33160**

Mailing Address
**18071 BISCAYNE BLD
AVENTURA, FL 33160 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1349416

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HYMAN, MICHAEL L
150 W FLAGLER ST
27TH FLOOR
MIAMI, FL 33130**

Name

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

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

(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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SANDLER, ALVIN
18041 BISCAYNE BLVD # 1005
AVENTURA, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SANDLER, ALVIN
18041 BISCAYNE BLVD. #1005
AVENTURA, FL. 33160** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MARIE CHERMIE, ANN
18081 BISCAYNE BLVD #405
AVENTURA, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Asst. T
SAM BROWN
18081 BISCAYNE BLVD. #804
AVENTURA, FL. 33160** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BROWN, SAM
18081 BISCAYNE BLVD #804
AVENTURA, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
REUBIN TOBIN
18031 BISCAYNE BLVD. #1102
AVENTURA, FL. 33160** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
TOBIN, REUBIN
18031 BISCAYNE BLVD #1102
AVENTURA, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
HARRY HOLLANDER
18061 BISCAYNE BLVD. #304
AVENTURA, FL. 33160** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOLLANDER, HARRY
48061 BISCAYNE BLVD #304
AVENTURA, FL 33160** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
REUBIN TOBIN
18031 BISCAYNE BLVD. #1102
AVENTURA, FL. 33160** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/11/07 305-931-8643