

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90011 005 ****61.25

DOCUMENT # 719951

1. Entity Name
COMMODORE PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2780 NE 183RD ST
AVENTURA, FL 33160 US**

Mailing Address
**2780 NE 183RD ST
AVENTURA, FL 33160 US**

40042396



03122007 Chg-NP CR2E037 (12/06)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1309007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**POLENBERG, JON
4300 N. UNIVERSITY DR.
SUITE D-204
FT. LAUDERDALE, FL 33351**

7. Name and Address of New Registered Agent

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

TITLE **P** ☒ Delete
NAME **FORTUNATO, VARRIALE**
STREET ADDRESS **2780 NE 183ND ST #1502**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **VP** ☐ Delete
NAME **PEHR, MARVIN**
STREET ADDRESS **2750 NE 183 ST**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **D** ☐ Delete
NAME **KAMLOT, FREDERICK**
STREET ADDRESS **2780 NE 183 STREET #303**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **T** ☒ Delete
NAME **GERSTENFELD, RALPH**
STREET ADDRESS **2750 NE 183 ST**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **SLD** ☒ Delete
NAME **GOLDSTEIN, HELEN**
STREET ADDRESS **2750 NE 183ND ST #204**
CITY-ST-ZIP **ADVENTURA, FL 33160**

TITLE **D** ☐ Delete
NAME **WEISBERG, STEVE**
STREET ADDRESS **2780 NE 183 ST 802**
CITY-ST-ZIP **AVENTURA, FL 33160**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☐ Change ☒ Addition
NAME **Serry Hartog**
STREET ADDRESS **2780 NE 183 ST #1610**
CITY-ST-ZIP **AVENTURA, FL 33160**

TITLE **Treasurer** ☒ Change ☐ Addition
NAME **Marvin Pehr**
STREET ADDRESS **2750 NE 183 ST #1407**
CITY-ST-ZIP **Aventura, FL 33160**

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

TITLE **Vice President** ☐ Change ☒ Addition
NAME **Rodrigo Melp**
STREET ADDRESS **2780 NE 183 ST #916**
CITY-ST-ZIP **Aventura, FL 33160**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Isabella Ryback**
STREET ADDRESS **2780 NE 183 Street #901**
CITY-ST-ZIP **Aventura, FL 33160**

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

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 #

3/15/07