## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED Apr 28, 2008 8:00 am Secretary of State 04-28-2008 90369 048 \*\*\*\*61.25

DOCUMENT # 725906  1. Entity Name EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.					4110	)3161		
Principal Place 2300 SW 3RI MIAMI, FL 33	D AVE 3129	Mailing Address C/O TPS MANAGEMENT P. O. BOX 661554 MIAMI SPRINGS, FL 332	266			: . 		
790 West 20th Street 79			Mailing Address 190 WeJ+20+h Stree+ Suite, Apt. #; etc.				<b>                                    </b>	
		, , ,			01142008	Chg-NP	CR2E037 (12/06	·
City & State	eah, Florida		aleah, Florida		4. FEI Number 65-0343			Applied For Not Applicable
3301		33010	USA.			f Status Desired	□ \$8.75 A Fee Requ	
	6. Name and Address of Current R	Registered Agent			7. Name and	Address of New Re	gistered Agent	
S.K.R.L.D.				TOUT Points Property Management Inc Bet Address (P.O. Box Number is Not Acceptable)				
CORAL GABLES, FL 33134				90 West 20th Street Higleah FL 33010				
8. The above named entity subpriss 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.								
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2/4/08								
SIGNATURE Signature, speed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
10.		Trastr and or	ontribution.		Added to Fees	Florid	la Department of	State
	OFFICERS AND DIR		ontribution.	<u> </u>	Added to Fees DDITIONS/CHA	Florid		State
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	DV LIMA, AMABILIA	ECTORS	11. TITLE NAME	Pres	Added to Fees DDITIONS/CHA	NGES TO OFFICER	da Department of S AND DIRECTORS	State IN 10
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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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR