


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90182 039 ****61.25

DOCUMENT # 727158

1. Entity Name
THE SOVEREIGNS CONDOMINIUM, INC.



Principal Place of Business
**% L & B PROPERTY MANAGEMENT, INC.
 MIAMI, FL 33193-**

Mailing Address
**% L&B PROPERTY MANAGEMENT, INC.
 P.O. BOX 830698
 MIAMI, FL-33283**

2. Principal Place of Business
6851 SW 147 AVE
 Suite, Apt. #, etc.

3. Mailing Address
6851 SW 147 AVE
 Suite, Apt. #, etc.

City & State
Miami, Fla

City & State
Miami, Fla

Zip
33193

Country
USA

Zip
33193

Country
USA

04192006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1514081

Applied For
 Not Applicable

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



6. Name and Address of Current Registered Agent

GIL, LILLIE
L&B PROPERTY MANAGEMENT INC
6861 S.W. 147 AVE
MIAMI, FL 33193-

7. Name and Address of New Registered Agent

Name
Brian W. Pariser, Esq.

Street Address (P.O. Box Number is Not Acceptable)
9130 South Dadeland Blvd.

Suite 1511

City
Miami

State
FL

Zip Code
33156

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]* **Brian W. Pariser** **4/24/06**
 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, 2006**

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	<input type="checkbox"/> Delete
NAME	CARRASCO, MARIA	
STREET ADDRESS	6911 SW 147 AVE #4-C	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUTCHINGS, JULIA	
STREET ADDRESS	6841 SW 147 AVE #3-E	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	T	<input type="checkbox"/> Delete
NAME	RINCON, ELSIE	
STREET ADDRESS	6821 SW 147 AVE #2-H	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	S	<input type="checkbox"/> Delete
NAME	GLASSMAN, RUTH	
STREET ADDRESS	6831 SW 147TH AVE. #2G	
CITY-ST-ZIP	MIAMI, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOUSSET, ALBERTO	
STREET ADDRESS	6831 SW 147 AVE #2-C	
CITY-ST-ZIP	MIAMI, FL 33193	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIZEENSTEIN, LILLIAN	
STREET ADDRESS	6821 SW 147 AVE #1-F	
CITY-ST-ZIP	MIAMI, FL 33193	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Espinosa, Norma	
STREET ADDRESS	6901 SW 147 Avenue, Apt 2D	
CITY-ST-ZIP	Miami, Fla. 33193	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greenstein, Lillian	
STREET ADDRESS	6821 SW 147 Ave Apt 1-F	
CITY-ST-ZIP	Miami, Fla. 33193	

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]* **Secretary** **4-19-06**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RUTH GLASSMAN



ATTACHMENT

40062684
727158

Attachment

April 19, 2006

Dear Sirs:

Please be advised that at the Sovereigns Condominium, our board consist of 7 members thus, please add the following board member (the other six members have been placed on the provided form)

Director
Mayor, Emilia
6841 S.W. 147 Avenue
Apt. 1-C
Miami, Florida 33193

Thank you for your cooperation in this matter.

Ruth Glassman, Secretary