



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90023 046 ****61.25

DOCUMENT # 732671					
1. Entity Name 709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC.					
Principal Place of Business 709 CURTISS PARKWAY MIAMI SPRINGS, FL 33166		Mailing Address 709 CURTISS PARKWAY MIAMI SPRINGS, FL 33166		<p style="font-size: 24pt; text-align: center;">40035179</p> 	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03022007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1640243 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RENNER, SARAH B 709 CURTISS PARKWAY MIAMI SPRINGS, FL 33166			Name Beverly Kovach Street Address (P.O. Box Number is Not Acceptable) 709 Curtiss Pkwy #12 City Miami Springs FL Zip Code 33166		
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: Beverly Kovach		Beverly Kovach		3/4/07	
Signature, typed or printed name of registered agent and title if applicable.		(NO) Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNER, SARAH B		NAME	Henshey, Samuel T	
STREET ADDRESS	709 CURTISS PARKWAY #PH		STREET ADDRESS	709 Curtiss Pkwy #14	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM, ESPINOSA		NAME	Bergen, Richard	
STREET ADDRESS	709 CURTISS PARKWAY #20		STREET ADDRESS	709 Curtiss Pkwy #23	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANN, HARLAN J		NAME	Kovach, Beverly	
STREET ADDRESS	709 CURTISS PKWY #32		STREET ADDRESS	709 Curtiss Pkwy #12	
CITY-ST-ZIP	MIAMI SPRINGS, FL		CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENSHEY, SAMUEL T		NAME	Phillips, Marion	
STREET ADDRESS	709 CURTISS PKWY #14		STREET ADDRESS	709 Curtiss Pkwy #30	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	SO	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMBERT, DUDLEY		NAME	Arrietta, Gee Gee	
STREET ADDRESS	709 CURTISS PKWY #31		STREET ADDRESS	709 Curtiss Pkwy #13	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	Miami Springs, FL 33166	
TITLE	DV	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NA, NA		NAME		
STREET ADDRESS	NA		STREET ADDRESS		
CITY-ST-ZIP	NA, NA NA		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: Beverly Kovach		Beverly Kovach		3/4/07	
Signature and typed or printed name of signing officer or director				Date	
				305-460-8547	
				Daytime Phone #	