


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 032 ****61.25

DOCUMENT # 738269			
1. Entity Name DELVISTA ROAD MAINTENANCE COMPANY			
Principal Place of Business 20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH, FL 33180		Mailing Address 20355 N.E. 34 DELVISTA COURT NORTH MIAMI BEACH, FL 33180	
2. Principal Place of Business - No P.O. Box # 20225 NE 34 Ct.		3. Mailing Address 20225 NE 34th Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State AVENTURA, FL		City & State AVENTURA, FL	
Zip 33180	Country USA USA	Zip 33180	Country USA USA
4. FEI Number 59-2168991		Applied For <input 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	
SKRLD INC. 201 ALHAMBRA CR. 1102 CORAL GABLES, FL 33134		Name AKAM ON SITE, INC. Street Address (P.O. Box Number is Not Acceptable) 6921 CONGRESS AVE SUITE 110 City BOCA RATON FL Zip Code 33487	
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 <i>Amy Fleischmann</i> LCAM Property Manager		DATE 4/28/08	
Filing Fee is \$61.25 Due by May 1, 2008		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 <input checked="" type="checkbox"/> Delete	MASHIAH, SAUL	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TREASURER
STREET ADDRESS	20225 NE 14 CT 1016	NAME	MASHIAH, SAUL
CITY-ST-ZIP	AVENTURA, FL 33180	STREET ADDRESS	20225 NE 34 Ct. #1016
TITLE <input checked="" type="checkbox"/> Delete	VP	CITY-ST-ZIP	AVENTURA, FL 33180
NAME	LEBOVITZ, MARVIN	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PRESIDENT
STREET ADDRESS	20355 NE 34 CT 1921	NAME	LEBOVITZ, MARVIN
CITY-ST-ZIP	AVENTURA, FL 33180	STREET ADDRESS	20225 NE 34 Ct #1518
TITLE <input checked="" type="checkbox"/> Delete	S	CITY-ST-ZIP	AVENTURA, FL 33180
NAME	VARDI, ALEXANDER	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VICE PRESIDENT
STREET ADDRESS	20355 NE 34 CT 1921	NAME	WEINREB, ROBERT
CITY-ST-ZIP	AVENTURA, FL 33180	STREET ADDRESS	20448 NE 34 Ct.
TITLE <input checked="" type="checkbox"/> Delete	T	CITY-ST-ZIP	AVENTURA, FL 33180
NAME	HERTOG, MADELINE	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	DIRECTOR
STREET ADDRESS	20355 NE 34 CT 2426	NAME	JACK MONCARSZ
CITY-ST-ZIP	AVENTURA, FL 33180	STREET ADDRESS	20355 NE 34 Ct #429
TITLE <input checked="" type="checkbox"/> Delete	PD	CITY-ST-ZIP	AVENTURA, FL 33180
NAME	BROWN, STANFORD	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SECRETARY
STREET ADDRESS	20225 NE 34 CT 2529	NAME	DAVID KEEN
CITY-ST-ZIP	AVENTURA, FL 33180	STREET ADDRESS	20225 NE 34 Ct #2013
TITLE <input type="checkbox"/> Delete		CITY-ST-ZIP	AVENTURA, FL 33180
NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Amy Fleischmann</i>		Date: 4/29/08 Daytime Phone #: 305 682-7922	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	