


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90373 004 ****61.25

DOCUMENT # 745160

1. Entity Name
 PLAZA OF THE AMERICAS PART I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 17001 NORTH BAY ROAD
 SUNNY ISLES BEACH, FL 33160 US

Mailing Address
 17001 NORTH BAY ROAD
 SUNNY ISLES BEACH, FL 33160 US

40051023



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

0112006 Chg-NP CR2E037 (11/05)

4. FEI Number
 59-2071184

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RANDAL K. ROGER & ASSOCIATES, P.A.
 621 NW 53 STREET
 STE 300
 BOCA RATON, FL 33487

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, 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	PD	<input type="checkbox"/> Delete
NAME	NAVARRO, WIS	
STREET ADDRESS	16909 NORTH BAY ROAD #908	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHAVEZ, JOSEPH	
STREET ADDRESS	16909 N BAY ROAD # 516	
CITY-ST-ZIP	N MIAMI BEACH, FL 33160	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	FERNANDEZ, ANA	
STREET ADDRESS	16909 N. BAY RD #108	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOURBONNIERE, CLAUDE	
STREET ADDRESS	16909 N. BAY RD., #407	
CITY-ST-ZIP	SUNNY ISLES BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Piccoli, David	
STREET ADDRESS	16909 North Bay Road # 415	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martinez, maria L.	
STREET ADDRESS	16909 North Bay Road # 511	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Chopitea, Arturo	
STREET ADDRESS	16909 North Bay Road # 906	
CITY-ST-ZIP	Sunny Isles, FL 33160	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #