


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90076 013 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
4. FEI Number 59-2071184		Applied For 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	
RANDAL K. ROGER & ASSOCIATES, P.A. 621 NW 53 STREET STE 300 BOCA RATON, FL 33487		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 _____ (NOTE: 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 NAME NAVARRO, WIS STREET ADDRESS 16909 NORTH BAY ROAD #908 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE PD NAME NAVARRO, LUIS STREET ADDRESS 16909 N. BAY ROAD #516 CITY-ST-ZIP SUNNY ISLES FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE T NAME CHAVEZ, JOSEPH STREET ADDRESS 16909 N BAY ROAD # 516 CITY-ST-ZIP N MIAMI BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE VP NAME CHAVEZ, JOSEPH STREET ADDRESS 16909 N. BAY RD # 108 CITY-ST-ZIP SUNNY ISLES FL 33160 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE V NAME PICCOLI, DAVID STREET ADDRESS 16909 N BAY ROAD, #415 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE T NAME MADRIS, DIANA STREET ADDRESS 16909 N. BAY ROAD #321 CITY-ST-ZIP SUNNY ISLES FL 33160 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE S NAME MARTINEZ, MARIA L STREET ADDRESS 16909 N BAY RD., #511 CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D NAME CHOPIKA, ARTURO STREET ADDRESS 16909 NORTH BAY RD., #906 CITY-ST-ZIP SUNNY ISLES, FL 33160 <input checked="" type="checkbox"/> Delete	TITLE BM NAME DUQUK JOHN STREET ADDRESS 16909 N. BAY RD APT 507 CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 another like empowered.			
SIGNATURE: <i>[Signature]</i>		Date: 3/19/07 Daytime Phone #: 3059490676	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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