2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Aug 01, 2005 8:00 am Secretary of State

ANNUAL REPORT	
DOCUMENT # 746440	

1. Entity Nam THE GEO		IDOMINIUM AS	SOCIATION, INC.				08-01-2005	90028	045 ****6	51.25	
Principal Place of Business Mailing Address 1621 COLLINS AVE 1621 COLLINS AVE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139				139				٠			
Principal Place of Business 3. Mailing Address											
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt.			, Apt. #, etc.		07012005	Chg-NP	CR2E0	37 (10/03)		
City & Stat	City & State		City & State	City & State		4. FEI Number 59-2059160			1	oplied For ot Applicable	
Zip			Zíp	Country		5. Certificate bil Status Desired 1			Fee Require	8.75 Additional see Required	
	6. Name and	Address of Current R	legistered Agent			7. Name and A	ddress of New R	egistered	Agent		
GLAZER & ASSOCIATES, P.A. 1920 E. HALLANDALE BEACH BLVD. 8TH FLOOR HALLANDALE, FL 33009				Address (I	(P.O. Box Number Is Not Acceptable)						
	·,			City		· · · · · · · · · · · · · · · · · · ·			7:- 0-1		
				City				FL	Zip Cod	le	
	e named entity sub- tions of registered		the purpose of changing it	s registered office of	or register	ed agent, or both,	in the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE	Signature, typed or print	ed name of registered agent as	nd title if applicable. (NO	TE: Registered Agent signs	dute required	when remetating)	······	DATE			
Filing Fee Is \$61.25 9. Election Campaig Due by September 7, 2005 Trust Fund Contrit									1		
D	=				0	\$5.00 May Be Added to Fees			k payable to		
D	=		Trust Fund			\$5.00 May Be Added to Fees	Flori	ida Depa	rtment of Si	tate	
10.	PD Septem	OFFICERS AND DIR	Trust Fund	Contribution.		Added to Fees	Flori	ida Depa	rtment of Si	tate	
10. TITLE NAME	PD POLA, JORGE	OFFICERS AND DIR	Trust Fund	Contribution. 11. TITLE NAME	PD	Added to Fees	Flori IGES TO OFFICE	ida Depa	RECTORS IN	tate	
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12. I nereby certify that the information supplied with this tiling does not qualify for the exemption stated in Saction 119.07(3)(i), 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 eath; that I am an officer or director of the corporation or the receiver or Irustee 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: __

Maria & Terrandy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DR

7/27/05

305-672-6239