

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748739

FILED
Mar 20, 2009
Secretary of State

Entity Name: 5825 CORINTHIAN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5825 COLLINS AVENUE
MIAMI BCH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5825 COLLINS AVENUE
MIAMI BCH, FL 33140

New Mailing Address:

FEI Number: 59-2022749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ESPINO, ENRIQUE
Address: 5835 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: BENGOCHEA, GUSTAVO
Address: 5825 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: VUELTA, XIOMARA
Address: 5825 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: AST () Delete
Name: DONAHUE, ROGER
Address: 5825 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33140

Title: AS () Delete
Name: ABROMSON, MAURICE
Address: 5825 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: MESA, NOLIS
Address: 5825 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ENRIQUE ESPINO

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date