2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751231

FILED Apr 06, 2009 Secretary of State

	ic. D/(IVIEII	GARDENS CONDOMINIUM ASSOCIA	ATION, INC.	
Current Pr	incipal Place	of Business:	New Principal Place	of Business:
1673 BAY F MIAMI BEA	RD CH, FL 33139) US		
Current Mailing Address:			New Mailing Address:	
7446 SW 48 MIAMI, FL				
FEI Number:	59-2027624	FEI Number Applied For () FEI Nur	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
BARRABES 1673 BAY F # 204	ŔĎ			
IVIIAIVII DEA	CH, FL 33139	US		
	named entity s	OUS submits this statement for the purpose of	of changing its registered	d office or registered agent, or both,
The above	named entity s of Florida. E:	submits this statement for the purpose o	of changing its registered	d office or registered agent, or both,
The above in the State	named entity s of Florida. E:		f changing its registered	d office or registered agent, or both, Date
The above in the State	named entity s of Florida. E:	submits this statement for the purpose of the purpose of the purpose of Signature of Registered Agent		
The above in the State	named entity sof Florida. EE: Electron AND DIREC	ic Signature of Registered Agent TORS: Delete ENRY D, #204	ADDITIONS/CHANGE	Date
The above in the State SIGNATUR OFFICERS Title: Name: Address:	named entity sof Florida. EE: Electron AND DIRECTOR PDTD () BARRABES, HE 1673 BAY ROAL MIAMI BEACH,	ic Signature of Registered Agent TORS: Delete ENRY D, #204 FL 33139 Delete NGELA P D #504	ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:

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: HENRY BARRABES PD/T 04/06/2009