

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754605

FILED
Feb 26, 2009
Secretary of State

Entity Name: ABBOTT GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8101 BYRON AVE
MIAMI, FL 33141

New Principal Place of Business:

Current Mailing Address:

8101 BYRON AVE
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-2369502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ASSAEL, ISIDORO
8101 BYRON AVE STE #207
MIAMI, FL 33141 1

Name and Address of New Registered Agent:

ASSAEL, ISIDORO
8101 BYRON AVE STE #207
MIAMI, FL 33141 US

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

02/26/2009

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: ROGELIO, RODRIGUEZ
Address: 8101 BYRON AVE #514
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: NEREIDA, MENDEZ
Address: 8101 BYRON AVE #512
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: BORSDES, EVA
Address: 8101 BYRON AVE #503
City-St-Zip: MIAMI BEACH, FL 33141

Title: PD () Delete
Name: ASSAEL, ISIDORO
Address: 8101 BYRON AVE 207
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD () Delete
Name: LOPEZ, REINALDO
Address: 8101 BYRON AVE #406
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: GARROTE, MANUEL
Address: 8101 BYRON AVE, # 507
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: ROGELIO, RODRIGUEZ
Address: 8101 BYRON AVE #504
City-St-Zip: MIAMI BEACH, FL 33141

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: SIGNING

Electronic Signature of Signing Officer or Director

PD

02/26/2009

Date