


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008 08:00 AM
Secretary of State


DOCUMENT # 768265

1. Entity Name
OFFICE IN THE PARK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7355 S.W. 87 AVE. STE 300 MIAMI, FL 33173 US	Mailing Address 7355 S.W. 87 AVE. STE 300 MIAMI, FL 33173 US
--	--

DO NOT WRITE IN THIS SPACE



01242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2325229	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

**DAY, BRYAN P
 7355 S.W. 87 AVE.
 STE 300
 MIAMI, FL 33173**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	--	------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIREZ, GEORGE 7315 SW 87TH AVE SUITE 100 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD DAY, KATHLEEN 7355 S.W. 87 AVE - #300 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAY, BRYAN P 7355 SW 87 AVE - #300 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIREZ, MARIA 7315 SW 87 AVE STE 100 MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000800374
 01/31/08-80014-024 61.25

DO NOT WRITE IN THIS SPACE

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 my address, with all other like empowered.

SIGNATURE:  **BRYAN P. DAY** **1/24/08** **305-274-9001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #