


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90046 045 \*\*\*\*61.25

<b>DOCUMENT # N00000002022</b>			
<b>1. Entity Name</b> 210 MENDOZA AVENUE CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 210 MENDOZA AVE CORAL GABLES, FL 33134		<b>Mailing Address</b> C/O GRIFFIN REALTY 2050 CORAL WAY, SUITE 305 MIAMI, FL 33145	
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		04032008 Chg-NP CR2E037 (12/06)	
		<b>4. FEI Number</b> NOT APPLICABLE	
		Applied For Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
GRIFFIN REALTY, INC. 2050 CORAL WAY SUITE #305 MIAMI, FL 33145		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
<b>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.</b>			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE: S NAME: MELON, NAN STREET ADDRESS: 1005 CORTEZ STREET CITY-ST-ZIP: CORAL GABLES, FL 33134 <input checked="" type="checkbox"/> Delete		TITLE: Nan Deardorff-Mcckin NAME: Nan Deardorff-Mcckin STREET ADDRESS: 1005 Cortez Street CITY-ST-ZIP: Coral Gables FL 33134 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: P NAME: BEACH, MARY A STREET ADDRESS: 210 MENDOZA AVE #1 CITY-ST-ZIP: CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			
TITLE: D NAME: MARCHENA, JANY STREET ADDRESS: 210 MENODVA AVE #6 CITY-ST-ZIP: CORAL GABLES, FL 33134 <input type="checkbox"/> Delete			
		TITLE: SD NAME: QUINA J. KARAN STREET ADDRESS: 210 MENDOZA AVE #5 CITY-ST-ZIP: CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	

**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 an address, with all other like empowered.**

**SIGNATURE:** *M.A. Beul* **April 17, 2008** 305 588-8148