2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 11, 2008 8:00 am Secretary of State DOCUMENT # N00578 04-11-2008 90052 001 ****61.25 CCA CONDOMINIUMS ASSOCIATION, INC. Principal Place of Business Mailing Address 12301 S W 132 CT 12301 S W 132 CT 40065750 MIAMI, FL 33186 MIAMI, FL 33186 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01162008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2600557 Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUBIN, JONATHAN R PA Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DR SUITE 220 MIAMI, FL 33173 Zip Code 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) 9. Election Campaign Financing **\$5.00** May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change Delete Addition TITLE TITLE SOTNICK, STEVE NAME NAME 14233 SW 94 CIR LN 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP VPD ■ Addition TITLE ☐ Delete TITLE NAME SANCHEZ, JOHNNY STREET ADDRESS 13985 SW 94 CIR LN #104 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-7IP TITLE Delete RUE Change Addition DIAZ, JOHNNY MAME NAME STREET ADDRESS 14227 SW 94 CIR LN 102 STREET ADDRESS CITY - ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP secretary / Treasurer Delete TITLE TITLE GARCIA, JOEL NAME rarcia, Joe) NAME cr 102 14273 SW QU STREET ADDRESS 14273 SW 94 CIR LN 102 STREET ADDRESS Mami, CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-7IP FI 33186 ☐ Delete ☐ Change ■ Addition TITLE DENNIS, CARL NAME NAME STREET ADDRESS 14229 SW 94 CIR LN #103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 DIRECTOR ☐ Change ☐ Addition ☐ Delete TITLE TITLE Fornandez Freddy NAME NAME 14205 S.W Q4 Cr In = 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Mon,

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I hereby certify that the information supplied with this filling 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: Daytime Phone #