

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004164

FILED
Apr 27, 2006
Secretary of State

Entity Name: 3110-12 MATILDA STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3112 MATILDA STREET
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3112 MATILDA STREET
COCONUT GROVE, FL 33133 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALDO, BURT
3112 MATILDA STREET
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

BALDO, BURT L
3112 MATILDA STREET
COCONUT GROVE, FL 33133 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: BURT BALDO

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALDO, BURT
Address: 3112 MATILDA STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: VD () Delete
Name: ANTHON, AARON
Address: 3110 MATILDA STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: SD () Delete
Name: BALDO, MAGDALENA
Address: 3112 MATILDA STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BALDO, BURT L
Address: 3112 MATILDA STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: BALDO, MAGDALENA R
Address: 3112 MATILDA STREET
City-St-Zip: COCONUT GROVE, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MAGDALENA RIVERO BALDO

SD

04/27/2006

Electronic Signature of Signing Officer or Director

Date