

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 01, 2006
Secretary of State**

DOCUMENT# N02000000235

Entity Name: THE MINORCA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2030 S.DOUGLAS ROAD
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2030 S. DOUGLAS ROAD
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-2265595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, SUSANA
2030 S. DOUGLAS ROAD
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOPER, JOHN
Address: 152 GIRADINO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: REYNOLDS, DAWN
Address: 2030 S. DOUGLAS ROAD #505
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ZHIMET, WHITNEY
Address: 2030 S. DOUGLAS ROAD #504
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COOPER, JOHN C
Address: 152 GIARDINO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: VP (X) Change () Addition
Name: VELASCO-ESQUIVEL, MIRIAM
Address: 2030 S. DOUGLAS ROAD #105
City-St-Zip: CORAL GABLES, FL 33134

Title: S (X) Change () Addition
Name: ZIMET, WHITNEY
Address: 2030 S. DOUGLAS ROAD #504
City-St-Zip: CORAL GABLES, FL 33134

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: SUSANA FERNANDEZ

RA

02/01/2006

Electronic Signature of Signing Officer or Director

_____ Date