

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000235

FILED
Jan 15, 2009
Secretary of State

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
(FRONT-DESK)
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: P () Delete
Name: VELASCO-ESQUIVEL, MIRIAM
Address: 2030 S. DOUGLAS ROAD #104
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: PEREZ, LUIS A
Address: 2030 S. DOUGLAS ROAD #119
City-St-Zip: CORAL GABLES, FL 33134

Title: S () Delete
Name: MORAN, PATRICIA H
Address: 2030 S. DOUGLAS ROAD #601
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: PARDO, ROSEMARY
Address: 2030 S. DOUGLAS ROAD #417
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: FERNANDEZ, SILVIA R
Address: 2030 S. DOUGLAS ROAD #622
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date