2003 NOT-FOR-PROFIT CORPORATION

Ü	NIFORM BUSIN	IESS	REPORT	. (Ū	JBR)	Sep	11, 200	3 8:00	am
OCUMENT # N0200007781						Secretary of State 09-11-2003 90091 008 ****61.25			
610 CLEN	MATIS CONDOMINIUM ASS	SOCIATIO	N, INC.	,					
Principal Place of Business Maili			ng Address	+	- COWE	1			
2601 SOUTH BAYSHORE DRIVE SUFTE 1000 MIAMI FL 33133		SUITE	South Bayshore Di : 1000 FL 33133	RIVE		1 100 100	8110 16511 88114 88114 88151 8 1 5	IL 90 ILA 18 1 51 1 901 5 1	1141 (1161 1161)
Principal Place of Business 3.		3. Ma	3. Mailing Address						
Suite, Apt. #, etc.		s	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			ity & State			4. FEI Number		, 	oplied For ot Applicable
Zip Country		Z	Zip		untry	5. Certificate of S	tatus Desired	\$8.75 Ad Fee Require	ditional
~~ ~	6. Name and Address of Curr	ed Agent	~ ~	Name	7. Name and Add	dress of New Register	ed Agent		
GARCIA, 2601 SO	•			(P.O. Box Number is Not Acceptable)					
SUITE 1000 MIAMI FL 33133					City			Zip Coc	le
8. The above	e named entity submits this statemen	nt for the pur	pose of changing its r	egister	ed office or register	red agent, or both, in			and accept
the obligat	tions of registered agent.								
SIGNATURE	Signature, typed or printed name of registered a	gent and title if ar	policable. (NOTE:	Registere	d Agent signature required	t when (ainstating)	DA	TE	·
	and a second sec	gon and the map	JANUARY (NO.E.	- Inglistore					
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State			
10.	OFFICERS AND	DIRECTOR	3	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	l 10
TITLE NAME STREET ADDRESS GITY-ST-ZIP	PD TROY, MARK 2601 SOUTH BAYSHORE DRI MIAMI FL 33133	ve, suite	☐ Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BONET, VIVIAN 2601 SOUTH BAYSHORE DRI MIAMI FL 33133	ve, suite	□ Delete		,	~	,	Change	☐ Addition
TITLE NAME: STRÉET ADDRESS CITY-ST-ZIP	STD PICOT, ROSALIA 2601 SOUTH BAYSHORE DRI MIAMI FL 33133	ve, suite	□ Delete		I			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS			☐ Delete	TITLI NAM STRE	E E ET ADDRESS			Change	☐ Addition
CITY-ST-ZIP TITLE NAME			☐ Delete	TITLE	l			Change	Addition
STREET ADDRESS					ET ADDRESS -ST-7IP				.

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accordate 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 all other like empowered.

SIGNATURE: _

9/8/03 305.860.3721