## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 08, 2006 8:00 am Secretary of State

DOCUMENT # N02000008709  1. Entity Name VILLAGE BY THE BAY CONDOMINIUM ASSOCIATION, INC.					05-08-2006 90305 012 ****70.00			
Principal Plac 3285 NE 18 AVENTURA, I		Mailing Address 3285 NE 184TH STRE AVENTURA, FL 33160	85 NE 184TH STREET					AUS ISHIEL STIER
2. Principal P	Place of Business	3. Mailing Address						
					1 100 201 011 60310	) 11261 WBWI UBWU WBW	(1 0 0 (1)	ETIN TANTAL OF IROT
Suite, Apt. #, etc.		Suite, Apt. #, etc.			05012006 C	hg-NP	CR2E037 (4/	06)
City & State		City & State			4. FEI Number NOT APPLI	ICABLE	-	Applied For Not Applicable
Zip Country		Zip Cou		intry	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6Name and Address of Current R	legistered Agent —	!		7. Name and Add	iress of New R	<del></del>	
SKRLD. IN	IC			Name				
201 ALHAMBRA CIRCLE #1102 CORAL GABLES, FL 33134				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip	Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or registe	red agent, or both, in	the State of Flo	orida. I am familiar	with, and accept
SIGNATURE							. <b></b> .	i
	Signature, typed or printed name of registered agent are	nd title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DAT.	
	Signature, typed or printed name of registered agent an Filling Fee is \$61.25  Due by May 1, 2006	9. Election Car Trust Fund (	mpaign F	inancing	\$5.00 May Be Added to Fees		ake check payalida Department	
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DIRE	9. Election Car Trust Fund (	mpaign F Contributi	inancing ion.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	lake check payal ida Department RS AND DIRECTO	of State RS IN 10
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12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/06 (305) 935-417