

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State

02-23-2006 90201 001 ***245.00

DOCUMENT # N03000000490

1. Entity Name
360 CONDOMINIUM C ASSOCIATION, INC.



Principal Place of Business

730 NW 107 AVE
 4TH FLOOR
 MIAMI, FL 33172

Mailing Address

730 NW 107 AVE
 4TH FLOOR
 MIAMI, FL 33172

66002326



01122006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0551770	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATRICIA KIMBALL FLETCHER, P.A.
C/O DUANE MORRIS, LLP
200 S BISCAYNE BLVD, STE 3400
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HENDERSON, MERCEDES 730 N W 107 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCPHERSON, GREG 730 N W 107 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST AVILA, MIGUEL 730 N W 107 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Mercedes Henderson Mercedes Henderson 2-15-06 (305) 559 1951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #