2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000005038

FILED Oct 05, 2009 Secretary of State

Entity Name: MERRITT PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

637 SW 3 STREET SUITE 402 MIAMI, FL 33130

New Mailing Address: Current Mailing Address:

637 SW 3 STREET SUITE 402 MIAMI, FL 33130

FEI Number: 57-1173082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MERRITT PLACE CONDOMINIUMS 637 SW 3RD STREET 402 MIAMI, FL 33130 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition AMAYA, ANTONIO GODOY, ANA Name: Name: 637 SW 3RD STREET, 303 Address: 637 SW 3RD STREET, 408 Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

Title: VD Title: (X) Change () Addition () Delete

Name: GODOY, ANA Name: AMAYA, ANTONIO Address: 637 SW 3RD STREET, #408 Address: 637 SW 3RD STREET, 303 City-St-Zip: MIAMI, FL 33130 City-St-Zip: MIAMI, FL 33130

Title: () Delete Title: () Change () Addition

ROLANDO, KATIA Name: Name: 637 SW 3RD STREET, #304 Address: Address:

City-St-Zip: MIAMI, FL 33130 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

Name: PARIS, CARLOS Name: 637 SW 3RD STREET, #402 Address: Address: City-St-Zip: MIAMI, FL 33130 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: ANA GODOY PD 10/05/2009