

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000920

FILED
Mar 18, 2005
Secretary of State

Entity Name: THE ALLIAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1150B EAST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

1428 WEST AVE
MIAMI BEACH, FL 33139

Current Mailing Address:

1150B EAST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009

New Mailing Address:

C/O BLUE SKY MIAMI
820 EUCLID AVE, STE 104
MIAMI BEACH, FL 33139

FEI Number: 74-3113829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LECHTER, ROBERT S
1150B EAST HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

GOMEZ, MICHAEL
1930 TYLER ST
HOLLYWOOD, FL 33020 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: GOMEZ/RMS

03/18/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HIMMELSTERN, CARLOS
Address: 1150B EAST HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DV () Delete
Name: LECHTER, ROBERT S
Address: 1150B EAST HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: DST () Delete
Name: CARLO, ENEIDA
Address: 1150B EAST HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE BEACH, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BAXTER, JOEL
Address: 1428 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: DEWITT, DANIEL
Address: 1428 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change () Addition
Name: BLAKE, WILLIAM
Address: 1428 WEST AVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BAXTER/RMS

D

03/18/2005

Electronic Signature of Signing Officer or Director

Date