

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000920

FILED  
Jan 28, 2008  
Secretary of State

Entity Name: THE ALLIAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1428 WEST AVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BLUE SKY MIAMI  
1680 MICHIGAN AVENUE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

C/O DEVAN MCNALLY, LCAM  
8606 WHITE CAY  
WEST PALM BEACH, FL 33411

FEI Number: 74-3113829

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RENE, MELTZER  
11098 BISCAYNE BLVD, STE 201  
MIAMI, FL 33161 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: YOUNG, WILLIAM B  
Address: 1428 WEST AVE # 406  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: BRITT, SEAN  
Address: 1428 WEST AVE # 204  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: SMITH, CRAIG T  
Address: 1428 WEST AVE # 202  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: WILLIAM YOUNG

D

01/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date