


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90056 033 \*\*\*\*61.25

**DOCUMENT # N04000002008**

1. Entity Name  
 3121-23 MCDONALD STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
 3121 SW 32 AVE  
 MIAMI, FL 33133

Mailing Address  
 3121 SW 32 AVE  
 MIAMI, FL 33133

2. Principal Place of Business  
 3121 MCDONALD ST.

3. Mailing Address  
 3121 MCDONALD ST.


Suite, Apt. #, etc.

City & State  
 MIAMI, FL

City & State  
 MIAMI, FL

Zip  
 33133

Country



01292006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 61-1484260

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

BATOFF, HELAINE  
 3121 SW 32 AVE  
 MIAMI, FL 33133

**7. Name and Address of New Registered Agent**

Name  
 BATOFF, HELAINE

Street Address (P.O. Box Number is Not Acceptable)  
 3121 MCDONALD STREET

City  
 MIAMI

State  
 FL

Zip Code  
 33133

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 *Helaine Batoff* HELAINE BATOFF, President 2/5/06

Signature, typed or printed name of registered agent and title if applicable. (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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATOFF, HELAINE 3121 SW 32 AVE MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ABOLD, CESLIA 3123 SW 32 AVE MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Helaine Batoff* President 2/5/06 (305) 530-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #