


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N04000002008**

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



Principal Place of Business  
 3121 MCDONALD ST  
 MIAMI, FL 33133

Mailing Address  
 3121 MCDONALD ST  
 MIAMI, FL 33133

**DO NOT WRITE IN THIS SPACE**



03242008 No Chg-NP CR2E037 (4/06)

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 MCDONALD ST  
 MIAMI, FL 33133

**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: Helaine Batoff DATE: 3/24/08

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, 2008**

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

U00000874128  
 04/10/08-80104-022 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BATOFF, HELAINE 3121 MCDONALD ST. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ABOLD, CESLIA 3121 MCDONALD STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DESMET, THIERRY 3121 MCDONALD STREET MIAMI, FL 33133
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: Helaine Batoff DATE: 3/24/08 DAYTIME PHONE #: 305 331 2207

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