2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N04000006599



FILED Aug 25, 2006 8:00 am Secretary of State

1. Entity Nam	ie	ONDOMINIUM ASS		ON, INC.				0	8-25-2006	90002 ()27 ****61	.25
701 MERIDIAN AVENUE 1800 APARTMENT 7 SUITE				tailing Address 1800 WEST 49 ST SUITE 330 HALEAH, FL 33012			· · · · · · · · · · · · · · · · · · ·		5002	26274 		
2. Principal P	lace of Busin	ness	3. Mailir	ng Address CRH M	ana	umen	+					
Suite, Apt.	#, etc.		P. C	e, Apt #, etc.		0		07052006 _{CI}	ng-NP	CR2E	037 (4/06)	
City & State	е			& State	PL			4. FEI Number 77-064434	1		-	oplied For of Applicable
Zip		Country	Zip 33	014	Cou	Untry US 14	•	5. Certificate of St	atus Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered	Agent		ļ <u>.</u>		7. Name and Add	ress of New F	Registered	Agent	
		T SERVICES CORP				Name 1	triess (P.O. Box Number is		<u> </u>		
1800 WES 330	149513	DUITE				"CAI	M	Manage	ment	<u>"Serv</u>	rias	
HIALEAH,	FL 33012	2				617	15	N.W. 167	St.	Unit	GI	
*						City	smi		9	F	Zip Cod 33 (15
	named entitions of regis	y submits this statement for tered agent.	r the purpo	se of changing it	ts register				the State of FI	orida. Lan	familiar with,	and accept
OLONATI IOE	TI.) lla	les	_						٥.	7/06/01	5
SIGNATURE.	Sprature, type	or printed name of registered agent of	and title if applic	Die. (NO	TE: Registere	ed Agent signatur	re required	when reinstating)		DATE	110010	
	Filing Fe	or pristed name of register of care to be 1s \$61.25 ptember 6, 2006	and title if applic	9. Election Ca Trust Fund	ampaign f	Financing	re required	\$5.00 May Be Added to Fees		Make chec	ck payable t	o
	Filing Fe	e is \$61.25		9. Election Ca	ampaign f	Financing [\$5.00 May Be	Flo	fake chec rida Depa	ck payable t	o tate
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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:	Rolando So	intos (ROLANDO	SANTOS 8	10/06	305-826-0	119
3		OR PRINTED NAME OF SIGNING OFFICER OR DIRE	Date	1	Daytime Phone #		