2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# N04000007619

Entity Name: THE ARMSTRONG CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1225-1227-1229 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1225-1227-1229 EUCLID AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARVALHO, VICTOR S
1225-1227-1229 EUCLID AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GOMEZ, MICHAEL S
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 04/18/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CARVALHO, VICTOR S
Address: 1225-1227-1229 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VD (X) Delete
Name: VESPERO, ARNALDO JR
Address: 1225-1227-1229 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: STD (X) Delete
Name: CARVALHO, NELDO L.C.
Address: 1225-1227-1229 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: VESPERO, ARNALDO
Address: 2600 DOUGLAS RD, PH6
City-St-Zip: CORAL GABLES, FL 33161

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 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: VESPERO/RMS D 04/18/2005
Electronic Signature of Signing Officer or Director Date