

Da Vinci on Douglas Condominium Association, Inc.

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

04-17-2008 90161 001 *5,818.75
N04000007813

DOCUMENT # N04000007813			
1. Entity Name DA VINCI ON DOUGLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 2665 SW 37 AVENUE MIAMI, FL 33133 US		Mailing Address C/O MANAGER'S OFFICE 2665 SW 37 AVENUE MIAMI, FL 33133 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-1535872		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARS, GARY M ESQ HYMAN, KAPLAN, GANGUZZA, SPECTOR MARS, PA 150 W FLAGLER ST, SUITE 2701 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name HYMAN, SPECTOR & MARS Street Address (P.O. Box Number is Not Acceptable) INCORRECT FIRM NAME ONLY City FL Zip Code	
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 _____ (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	
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	P DIAZ, CARLOS 2665 SW 37TH AVENUE, #1011 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD DIAZ, CARLOS 620 SW 66TH AVENUE MIAMI, FL 33144 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MAHFOOD, JASON 2665 SW 37TH AVENUE, #807 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KASSEL, BETH 2665 SW 37 AVE, SUITE 1609 MIAMI, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	8/24/29 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-03-08 Daytime Phone 305-569-3256	