

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

05-20-2005 90033 013 ****70.00

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DOCUMENT # N04000008549 1. Entity Name 107 AVENUE OFFICE PARK CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133			Mailing Address 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		01172005 Chg-NP CR2E037 (10/03) 4. FEI Number 02-0546891	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent HABER, ROBERT M 520 BRICKELL KEY DRIVE SUITE 0-305 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ 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, 2005		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 KAPLAN, JACK ☒ Delete 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	THOMAS CROMER ☒ Change ☐ Addition 2601 S. Bayshore Dr President Ste 205 Coconut Grove FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTINEZ, ALFRED ☒ Delete 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☒ Change ☐ Addition Manny Morin - 2601 S. Bayshore Dr Ste 205 Coconut Grove FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AVILA, EDUARDO ☒ Delete 2601 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alicia Carroll ☒ Change ☐ Addition Treasurer 2601 S. Bayshore Dr Ste 205 Coconut Grove FL 33133	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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	
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 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 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: <i>Jack Kaplan</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>5-17-05</i> Daytime Phone # <i>305-557-0900</i>		