

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2006 8:00 am
Secretary of State

06-01-2006 90002 048 ****61.25

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

50020153



2. Principal Place of Business

9560 SW 107 AVE

Suite, Apt. #, etc.

3. Mailing Address

396 Alhambra Circle

Suite, Apt. #, etc.

230

05052006

Chg-NP

CR2E037 (4/06)

City & State

Miami, FL 33176

Zip

33176

Country

USA

City & State

Coral Gables, FL

Zip

33134

Country

Dade

4. FEI Number

02-0546891

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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 September 6, 2006

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

TITLE	P	☒ Delete
NAME	CROMER, THOMAS	
STREET ADDRESS	2601 S BAYSHORE DR STE 865	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VP	☒ Delete
NAME	MORIN, MANNY	
STREET ADDRESS	2601 S BAYSHORE DR STE 865	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	T	☒ Delete
NAME	CARROLL, ALICIA	
STREET ADDRESS	2601 S BAYSHORE DR STE 865	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	☒ Change ☐ Addition
NAME	President IRA PRICE	
STREET ADDRESS	9560 SW 107 AVE #202	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	Vice President	☒ Change ☐ Addition
NAME	Felipe Carmora	
STREET ADDRESS	9560 SW 107 AVE #204	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	Judy Mejido	
STREET ADDRESS	9560 SW 107 AVE #205	
CITY-ST-ZIP	Miami, FL 33176	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Daytime Phone #

5/25/06 305-274-2110