

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011195

FILED
Apr 02, 2009
Secretary of State

Entity Name: G.I.D. ASSOCIATION OF CONDOMINIUMS, INC.

Current Principal Place of Business:

3144 GIFFORD LANE
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3144 GIFFORD LANE
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 75-3178991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, STEWART
3144 GIFFORD LANE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: RODRIGUEZ, DIEGO D
Address: 37199 SW 202 AVE
City-St-Zip: MIAMI, FL 33034

Title: P () Delete
Name: DAVIS, STEWART B
Address: 3144 GIFFORD LANE
City-St-Zip: COCONUT GROVE, FL 33133

Title: V () Delete
Name: SENDIZSCHEW, SHERI A
Address: 3148 GIFFORD LANE
City-St-Zip: COCONUT GROVE, FL 33133

Title: T () Delete
Name: JOSEPHSON, JAMES P
Address: 3138 GIFFORD LANE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: DOHERTY, JACK
Address: 3138 GIFFORD LANE
City-St-Zip: MIAMI, FL 33133

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated 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 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: STEWART DAVIS

P

04/02/2009

Electronic Signature of Signing Officer or Director

Date