
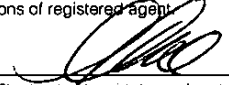
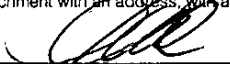


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90097 007 \*\*\*\*61.25

<b>DOCUMENT # N05000001395</b> 1. Entity Name 601 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 747 4TH STREET SUITE 200A MIAMI BEACH, FL 33139		Mailing Address 747 4TH STREET SUITE 200A MIAMI BEACH, FL 33139	
2. Principal Place of Business 601 Michigan Ave Suite, Apt. #, etc.		3. Mailing Address 611 Michigan Ave Suite, Apt. #, etc. #3	
City & State Miami Beach FL		City & State Miami Beach FL	
Zip 33139		Zip 33139	
Country USA		Country USA	
4. FEI Number 201481169		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOLLAND, CHRISTIAN ESQ. 747 4TH STREET #200 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name: Royal Management Group Street Address (P.O. Box Number is Not Acceptable): 735 5th St City: Miami Beach FL Zip Code: 33139	
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: 		Gowri Daswani	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: PD NAME: ROUSSEAU, DANIEL STREET ADDRESS: 747 4TH STREET SUITE 200A CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE: PD NAME: Gowri Daswani STREET ADDRESS: 611 Michigan Ave #3 CITY-ST-ZIP: Miami FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: DESNICK, JAMES STREET ADDRESS: 747 4TH STREET SUITE 200A CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE: VP NAME: Tania Cientegous STREET ADDRESS: 600 Euclid Ave #7 CITY-ST-ZIP: Miami Beach FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: FOLLAND, CHRISTIAN N ESQ. STREET ADDRESS: 747 4TH STREET SUITE 200A CITY-ST-ZIP: MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE: TD NAME: Garrett Zoelke STREET ADDRESS: 611 Michigan Ave CITY-ST-ZIP: Miami Beach FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: 		Gowri Daswani	
Signature and typed or printed name of signing officer or director		Date: 4/18/06	
		Daytime Phone #: 305-338-8259	

40056130



04172006 Chg-NP CR2E037 (11/05)