


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

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90215 050 \*\*\*\*61.25

|  |  |   |
|--|--|---|
| <b>DOCUMENT # N05000002520</b><br>1. Entity Name<br><b>PARC CENTRAL AVENTURA EAST CONDOMINIUM ASSOCIATION, INC.</b>  |  |    |
| Principal Place of Business<br><b>3300 NE 191 STREET<br/>AVENTURA, FL 33180</b>  |  | Mailing Address<br><b>3300 NE 191 STREET<br/>AVENTURA, FL 33180</b>   |
| 2. Principal Place of Business<br><b>3300 NE 192 Street</b><br>Suite, Apt. #, etc.   | 3. Mailing Address<br><b>3300 NE 192nd St.</b><br>Suite, Apt. #, etc.  |   |
| City & State<br><b>Aventura FL 33180</b>   | City & State<br><b>Aventura FL</b>   | 4. FEI Number<br><b>20-4312843</b>  |
| Zip<br><b>33180</b>  | Country  | Applied For<br><input type="checkbox"/> Not Applicable  |
| Zip<br><b>33180</b>  | Country  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| 6. Name and Address of Current Registered Agent<br><br><b>KOBERSTEIN, MARY<br/>C/O WILLIAM BLOOM<br/>701 BRICKELL AVENUE - SUITE 3000<br/>MIAMI, FL 33131</b>  |  | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <span style="float: right;"><b>FL</b></span> 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 _____  |  |   |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2006</b>  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                                 | <b>\$5.00 May Be Added to Fees</b>  |
| <b>Make check payable to Florida Department of State</b>   |  |   |
| <b>10. OFFICERS AND DIRECTORS</b>  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |
| TITLE <b>P</b> <input type="checkbox"/> Delete<br>NAME <b>TUCKER, DON</b><br>STREET ADDRESS <b>225 W. HUBBARD STREET #400</b><br>CITY-ST-ZIP <b>CHICAGO, IL 60610</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE <b>VP</b> <input type="checkbox"/> Delete<br>NAME <b>STOCKING, NICK</b><br>STREET ADDRESS <b>225 W. HUBBARD STREET #400</b><br>CITY-ST-ZIP <b>CHICAGO, IL 60610</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE <b>VP</b> <input type="checkbox"/> Delete<br>NAME <b>ARONS, JENNIFER</b><br>STREET ADDRESS <b>240 EAST ILLINOIS STREET - SUITE 100</b><br>CITY-ST-ZIP <b>CHICAGO, IL 60611</b>   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE <b>TS</b> <input type="checkbox"/> Delete<br>NAME <b>NIVEN, BRIAN</b><br>STREET ADDRESS <b>225 W. HUBBARD STREET #400</b><br>CITY-ST-ZIP <b>CHICAGO, IL 60610</b>  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE <b>D</b> <input type="checkbox"/> Delete<br>NAME <b>SLAVEN, ARTHUR</b><br>STREET ADDRESS <b>225 W. HUBBARD STREET #400</b><br>CITY-ST-ZIP <b>CHICAGO, IL 60610</b>   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE <b>D</b> <input type="checkbox"/> Delete<br>NAME <b>LERNER, MICHAEL</b><br>STREET ADDRESS <b>1555 N. SHEFFIELD</b><br>CITY-ST-ZIP <b>CHICAGO, IL 60622</b>   | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>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. |  |   |
| <b>SIGNATURE:</b> _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |   |
| Date _____ Daytime Phone # _____   |  |   |

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