

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2007 8:00 am
Secretary of State

02-07-2007 90034 014 ****61.25

DOCUMENT # N05000002520
 1. Entity Name
PARC CENTRAL AVENTURA EAST CONDOMINIUM ASSOCIATION, INC.



66016886

Principal Place of Business
**3300 NE 192 STREET
 AVENTURA, FL 33180**

Mailing Address
**3300 NE 191 STREET
 AVENTURA, FL 33180**



2. Principal Place of Business - No P.O. Box
~~Same as above~~

3. Mailing Address
3300 NE 192 Street

City & State
Aventura, CA

Zip
33180

Country
Dade

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-4312843

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**KOBERSTEIN, MARY
 3300 NE 192 STREET
 AVENTURA, FL 33180**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TUCKER, DON			NAME			
STREET ADDRESS	225 W. HUBBARD STREET #400			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60610			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOCKING, NICK			NAME			
STREET ADDRESS	225 W. HUBBARD STREET #400			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60610			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARONS, JENNIFER			NAME			
STREET ADDRESS	240 EAST ILLINOIS STREET - SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60611			CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIVEN, BRIAN			NAME			
STREET ADDRESS	225 W. HUBBARD STREET #400			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60610			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLAVEN, ARTHUR			NAME			
STREET ADDRESS	225 W. HUBBARD STREET #400			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60610			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LERNER, MICHAEL			NAME			
STREET ADDRESS	1555 N. SHEFFIELD			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO, IL 60622			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: Michael Lerner **5/18/07 (912) 573-1122**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)