

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003117

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** ARTECITY GOVERNOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

435 21ST STREET  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

435 21ST STREET  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

REGISTERED AGENTS OF FLORIDA, L.L.C.  
100 SOUTHEAST SECOND STREET  
29TH FLOOR  
MIAMI, FL 331312130 US

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: PD ( ) Delete  
Name: CAVALIERI, MAURIZIO  
Address: 425 21ST STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete  
Name: MARQUEZ, ILEANA  
Address: 425 21ST STREET  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: OROZCO, LORENA  
Address: 425 21ST STREET  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: MAURIZIO CAVALIERI

PD

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date