

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


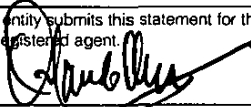
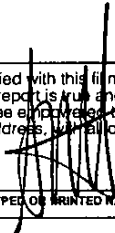
FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90207 034 ****61.25

60034591



04272006 Chg-NP CR2E037 (11/05)

DOCUMENT # N05000005263					
1. Entity Name 29 SANTILLANE AVENUE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business PO BOX 491345 KEY BISCAVNE, FL 33149			Mailing Address PO BOX 491345 KEY BISCAVNE, FL 33149		
2. Principal Place of Business 10556 N.W. 26 Street		3. Mailing Address 10556 N.W. 26 Street			
Suite, Apt. #, etc. D-203		Suite, Apt. #, etc. D-203			
City & State Doral, Fl.		City & State Doral, Fl.		4. FEI Number 20-4545763	
Zip 33172	Country USA	Zip 33172	Country USA	Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, HECTOR 2850 DOUGLAS ROAD PENTHOUSE STE CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Arrom, Orlando Street Address (P.O. Box Number is Not Acceptable) 10556 N.W. 26 Street Suite D-203 City Doral FL Zip Code 33172		
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 		ORLANDO ARROM		4/28/06	
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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ALFONSO PO BOX 491345 KEY BISCAVNE, FL 33149	<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	D BUSTAMANTE, ERNESTO PO BOX 491345 KEY BISCAVNE, FL 33149	<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	D HERNANDEZ, ANNA C PO BOX 491345 KEY BISCAVNE, FL 33149	<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	
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 reports 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, or all other like empowered.					
SIGNATURE: 				4/28/06 705-694-5969	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	