


FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90006 016 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N05000005263

1. Entity Name
29 SANTILLANE AVENUE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address

**10556 NW 26TH ST
 SUITE D-203
 DORAL, FL 33172**

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 SUITE D-203
 DORAL, FL 33172**

40094348



04282007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
20-4545763 Not Applicable

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

6. Name and Address of Current Registered Agent

**ARROM, ORLANDO
 10556 NW 28TH ST
 SUITE D-203
 DORAL, FL 33172**

**DO NOT WRITE
 IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

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

9. Election Campaign Financing
 True/Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ALFONSO PO BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUSTAMANTE, ERNESTO PO BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ANNA C PO BOX 491345 KEY BISCAYNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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 report not required 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 appointed pursuant to this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on the attached statement of officers and directors, with all other files empowered.

SIGNATURE: _____ **Date:** 4/27/2007 **Daytime Phone #** _____
Signature and typed or printed name of signing officer or director