

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005263

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: 29 SANTILLANE AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

29 SANTILLANE AVE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

29 SANTILLANE AVE  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 20-4545763      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

REYES, MIGUEL  
29 SANTILLANE AVE  
CORAL GABLES, FL 33134 US

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

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: S ( ) Delete  
Name: SANCHEZ, CLARA M  
Address: 29 SANTILLANE AVE, APT 10  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: P ( ) Delete  
Name: REYES, MIGUEL A  
Address: 29 SANTILLANE AVE, APT 3  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T ( ) Delete  
Name: AGUIRRE, RAMON J  
Address: 29 SANTILLANE AVE, APT 9  
City-St-Zip: CORAL GABLES, FL 33134 US

**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: MIGUEL REYES

P

04/30/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date