2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007169

FILED Apr 19, 2006 Secretary of State

Entity Name: SAGE ON 15TH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1170 NW 11TH ST. 1341 15TH STREET MIAMI, FL 33136 MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

 1170 NW 11TH ST.
 309 23RD STREET

 MIAMI, FL 33136
 SUITE 300

MIAMI BEACH, FL 33139

FEI Number: 20-1011886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SCHUMER, KARL J. P.A.

20801 BISCAYNE BLVD., STE. 301

AVENTURA CORPORATE CENTER

AVENTURA CORPORATE CENTER

SUITE 300

MIAM REACH EL 23120 HS

AVENTURA, FL 331801422 US MIAMI BEACH, FL 33139 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: TIMOTHY VODA 04/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 DPVT () Delete
 Title:
 PD (X) Change () Addition

 Name:
 BURSTYN, DAVID
 Name:
 BABE, STEVEN

 Address:
 1170 NW 11TH ST.
 Address:
 1341 15TH STREET

City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI BEACH, FL 33139

Title: DS () Delete Title: TD (X) Change () Addition Name: BURSTYN, BRADLEY Name: PLATZKE, MELVIN

Address: 1170 NW 11TH ST. Address: 1341 15TH STREET

City-St-Zip: MIAMI, FL 33136 City-St-Zip: MIAMI BEACH, FL 33139

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 ZALKIN, JOHN
 Name:
 VINAS, MICHELE

 Address:
 1170 NW 11TH ST.
 Address:
 1341 15TH STREET

 City-St-Zip:
 MIAMI, FL 33136
 City-St-Zip:
 MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN BABE PD 04/19/2006