2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007169

FILED Apr 25, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1341 15TH STREET MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** PO BOX 415342 MIAMI BEACH, FL 33141 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: THE WALL MANAGEMENT CORP 1440 J.F. KENNEDY CAUSEWAY SUITE 429-C NORTH BAY VILLAGE, FL 33141 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: PTD () Delete (X) Change () Addition PLATZKE, MELVIN RAZETO, LUIGI Name: Name: 1341 15TH STREET #101 Address: 1341 15TH STREET #104 Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: VSD () Delete Title: (X) Change () Addition VINAS, MICHELLE Name: VINAS, MICHELLE Name: Address: 1341- 15TH STREET #106 Address: 1341- 15TH STREET #106 City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change (X) Addition MOORE, MICHAEL Name: Name: Address: Address: 121 W 19TH STREET # 9E City-St-Zip: City-St-Zip: NEW YORK, NY 10011 () Change (X) Addition Title: () Delete Title: Name: Name: COMESANA, LORENA Address: Address: 1341- 15TH STREET #105 City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change (X) Addition FISCHMAN, PAUL Name: Name: 1341- 15TH STREET #202 Address: Address: City-St-Zip: City-St-Zip: MIAMI BEACH, FL 33139 Title: () Delete Title: () Change (X) Addition TWIST, GARY Name: Name: Address: Address: 300 WEST 41ST STREET #213 MIAMI BEACH, FL 33140 City-St-Zip: 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: ORLANDO DE LUIZ RA 04/25/2008