2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007
Secretary of State

DOCUMENT# N05000009726

Entity Name: RIVE MARSEILLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1185 MARSEILLES DRIVE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

1185 MARSEILLES DR
#303
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 20-3520307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILA, LENI
1185 MARSEILLES DRIVE
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

BENNETT, JOAN
763 41ST STREET
SUITE C
MIAMI BEACH, FL 33140 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: JOAN BENNETT 01/08/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: VILA, LENI
Address: 1185 MARSEILLE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP ( ) Delete
Name: QUINTERO, DIANA
Address: 1185 MARSEILLE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: STD ( ) Delete
Name: BIGAYER, DIANNE
Address: 1185 MARSEILLE DRIVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D ( ) Delete
Name: FERNANDEZ, JACQUELINE
Address: 1185 MARSEILLE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D ( ) Delete
Name: PUERTA, FRANCISCO
Address: 1185 MARSEILLE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

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:

Title: D (X) Change ( ) Addition
Name: PISANO, NICHOLAS
Address: 1185 MARSEILLE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D (X) Change ( ) Addition
Name: ESTANISLAO, CARLOS
Address: 1185 MARSEILLE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

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: LENI VILA PD 01/08/2007
Electronic Signature of Signing Officer or Director Date