

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000009974

1. Entity Name  
AVENTURA MARINA ONE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
C/O THE RELATED GROUP  
315 S. BISCAYNE BLVD, 3RD FLOOR  
AVENTURA, FL 33131

Mailing Address  
C/O THE RELATED GROUP  
315 S. BISCAYNE BLVD, 3RD FLOOR  
AVENTURA, FL 33131

FILED  
07 FEB 16 PM 2:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #  
AVENTURA Marina ONE

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
3340 NE 190 ST #100

Suite, Apt. #, etc.

City & State  
Aventura FL

City & State

Zip  
33180

Zip

Country

12222006 Chg-NP CR2E037 (12/06) 07

4. FEI Number  
20-3576935

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

PATEL, HIMANSHU M  
3340 NE 190 ST  
#404  
AVENTURA, FL 33180

## 7. Name and Address of New Registered Agent

Name  
SAME  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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

X Himanshu M Patel

12/28/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
GULLIA, EMIL M  
3340 NE 190 ST #106  
AVENTURA, FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
GREENBLATT, ELLIOT D. L  
3340 NE 190 ST #303  
AVENTURA, FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
PATEL, HIMANSHU M  
3340 NE 190 ST #404  
AVENTURA, FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
BURTRAGO, BEATRIZ  
3340 NE 190 ST #402  
AVENTURA, FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LITT, ALEXANDRA  
3340 NE 190 ST #803  
AVENTURA, FL 33180 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400088897314  
02/21/07--01026--010 \*\*\$61.25 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 supplemental report 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Himanshu M Patel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/22/06

Daytime Phone #