

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010360

FILED
Apr 17, 2009
Secretary of State

Entity Name: NAVARRE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

290 NAVARRE AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

PO BOX 452124
MIAMI, FL 33245

New Mailing Address:

FEI Number: 20-3609420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHADO, CARLOS M
2030 DOUGLAS ROAD
SUITE 210
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: TD () Delete
Name: RODRIGUEZ, JORGE
Address: 801 BRICKELL AVE SUITE 880
City-St-Zip: MIAMI, FL 33131

Title: PD () Delete
Name: JUNCOSA, LISSETTE
Address: PO BOX 14-3222
City-St-Zip: CORAL GABLES, FL 33114

Title: SD () Delete
Name: PEREZ, FRANCIS
Address: 290 NAVARRE AVENUE # 302
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASANOVA, YALIS
Address: P.O BOX 45-2124
City-St-Zip: MIAMI, FL 33245

Title: DST (X) Change () Addition
Name: RODRIGUEZ, JORGE
Address: PO BOX 45-2124
City-St-Zip: MIAMI, FL 33245

Title: VPD (X) Change () Addition
Name: DOMINGUEZ, ALEJANDRO
Address: 290 NAVARRE AVENUE # 402
City-St-Zip: CORAL GABLES, FL 33134

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: YALIS CASANOVA

PD

04/17/2009

Electronic Signature of Signing Officer or Director

_____ Date