

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# N06000008593

Entity Name: KOI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3087 MCDONALD STREET
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3087 MCDONALD STREET
MIAMI, FL 33133

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNETT, ALEXANDER
3087 MCDONALD STREET
MIAMI, FL 33133 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: PD () Delete
Name: BURNETT, ALEXANDER
Address: 3087 MCDONALD STREET
City-St-Zip: MIAMI, FL 33133

Title: DVT () Delete
Name: QUINTERO, LILIANA
Address: 3087 MCDONALD STREET
City-St-Zip: MIAMI, FL 33133

Title: DS () Delete
Name: RINCON, HELDA
Address: 3087 MCDONALD STREET
City-St-Zip: MIAMI, FL 33133

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:

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: ALEXANDER BURNETT

PRES

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date