2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008914

FILED Apr 17, 2009 Secretary of State

Entity Name: BUNGALOW SIX CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

932-940 SW 6TH STREET MIAMI, FL 33130

Current Mailing Address: New Mailing Address:

PO BOX 841437 7456 SW 48 STREET PEMBROKE PINES, FL 33084 MIAMI, FL 33155

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LJ SERVICES GROUP

1045 KANE CONCOURSE

SUITE#212

BAY HARBOR ISLANDS, FL 33154 US

BOND, RADCLIFFE L

ONE NE 2ND AVENUE
SUITE 208

MIAMI, FL 33132 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: RADCLIFFE L. BOND 04/17/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 ROSSANO, ÅLFREDO
 Name:

 Address:
 940 SW 6 ST #2
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:

Title: DVP () Delete Title: DVP (X) Change () Addition

Name: GUITERREZ, GIOVANNY Name: GUTIERREZ, GIOVANNY

 Address:
 940 SW 6 ST
 Address:
 940 SW 6 ST

 City-St-Zip:
 MIAMI, FL 33130
 City-St-Zip:
 MIAMI, FL 33130

Title: DTS () Delete Title: () Change () Addition

 Name:
 LEMUS, MARIÁNNA
 Name:

 Address:
 940 SW 6 ST
 Address:

 City-St-Zip:
 MIAMI, FL 33130
 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: BEATRIZ M. COSCULLUELA CPA 04/17/2009