



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

04-02-2008 90021 035 \*\*\*\*61.25

<b>DOCUMENT # N06000011402</b> 1. Entity Name <b>MOSAIC ON MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3801 COLLINS AVE MANAGEMENT OFFICE MIAMI BEACH, FL 33140</b>			Mailing Address <b>3801 COLLINS AVE MANAGEMENT OFFICE MIAMI BEACH, FL 33140</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>20-5818063</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				03242008    Chg-NP    CR2E037 (12/06)	
6. Name and Address of Current Registered Agent  <b>LADD, NANCY 1930 HARRISON STREET. 606 HOLLYWOOD, FL 33020</b>			7. Name and Address of New Registered Agent  Name 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHABLI, EDDY 3801 COLLINS AVENUE UNIT 706 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GUSTAVO Verite 3801 Collins Avenue #906 Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VERITE, GUSTOVO A 3801 COLLINS AVENUE UNIT 1204 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Nancy Ladd 3801 Collins Avenue #702 Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LADD, NANCY 3801 COLLINS AVENUE UNIT 702 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S AVRA Bank 3801 Collins Avenue #170C Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BENT, WINSTON L 3801 COLLINS AVENUE UNIT 1002 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DAVID KAYTON 3801 Collins Avenue #1603 Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SYLVESTER, PHILLIP 3801 COLLINS AVENUE UNIT 606 MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Manuel Santos 3801 Collins Avenue #1406 Miami Beach, FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> <i>Nancy Ladd</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <i>3/26/08</i> <small>Date      Daytime Phone #</small>		