
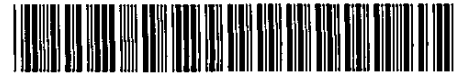


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90443 036 \*\*\*\*61.25

<b>DOCUMENT # N23078</b>					
1. Entity Name <b>HELEN MAR CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2421 LAKE PANCOAST DRIVE OFFICE SUITE MIAMI BEACH FL 33140</b>			Mailing Address <b>2421 LAKE PANCOAST DRIVE OFFICE SUITE MIAMI BEACH FL 33140</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>22-2988133</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GALIANA MGMT. SERVICES, INC. 801 S.W. 3RD AVE., STE 305 MIAMI FL 33129</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARKSON, DANIEL		NAME	BROWN, ZAMAR	
STREET ADDRESS	2421 LAKE PANCOAST DR. #4C,3C		STREET ADDRESS	2445 LAKE PANCOAST DR. I9	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STALLARD, JOHN D DR.		NAME	DEL SESTO, CRISTINA	
STREET ADDRESS	2421 LAKE PANCOAST DR, 6CEG		STREET ADDRESS	2421 LAKE PANCOAST DR, #7A	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, TAMY		NAME	FITZPATRICK, LYNN	
STREET ADDRESS	2421 LAKE PANCOAST DR, #E		STREET ADDRESS	2421 LAKE PANCOAST DR.#3A	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LA CERVA, ANDREW		NAME	ZARCO, CYN	
STREET ADDRESS	2421 LAKE PANCOAST DR., #2A		STREET ADDRESS	2421 LAKE PANCOAST DR., #H 3H	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEHRING, BARBARA		NAME	GEHRING, BARBARA	
STREET ADDRESS	2421 LAKE PANCOAST DR, PENTHOUSE		STREET ADDRESS	2421 LAKE PANCOAST DR. PTH	
CITY-ST-ZIP	MIAMI BEACH FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARZILLI, ANTHONY		NAME	LOPEZ, TAMMY	
STREET ADDRESS	2421 LAKE PANCOAST DR., #1H		STREET ADDRESS	2445 LAKE PANCOAST DR. #E	
CITY-ST-ZIP	MIAMI FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL. 33140	



1st MOORE CR2E037 (10/05)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lynn Fitzpatrick*

4/12/06 (305)532-2996

ATTACHMENT

60031239

#N23078

JOHN D. STALLARD  
2421 LAKE PANCOAST DRIVE, APT 6C/E/G  
MIAMI BEACH, FL 33140