
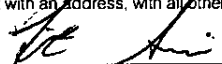


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90647 028 ****61.25

DOCUMENT # N39031					
1. Entity Name 1218 DREXEL CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1218 DREXEL AVE. APT 101 MIAMI, FL 33139 US			Mailing Address P.O. BOX 191904 MIAMI BEACH, FL 33139 US		
2. Principal Place of Business		3. Mailing Address		01222004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0203001 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AVIV, IRIT 1228 WEST AVE #1401 MIAMI BEACH, FL 33139			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD <input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TANG SUTTON	
NAME	BACH, LENORA	NAME	1218 Drexel Ave #207	1218 Drexel Ave #207	
STREET ADDRESS	7600 SW 69 AVE	STREET ADDRESS	MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139	
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP			
TITLE	VD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	LANCE O'BRIAN	
NAME	GILDERSLEEIE, JAMES	NAME	1218 Drexel Ave #203	1218 Drexel Ave #203	
STREET ADDRESS	1218 DREXEL AVENUE UNIT 201	STREET ADDRESS	MIAMI BEACH, FL 33139	MIAMI BEACH, FL 33139	
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE			
NAME	IRIT, AVIV	NAME			
STREET ADDRESS	1228 WEST AVE, #1401	STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	ARLENE DE LA TORRE	
NAME	DE LA TORRE, ARLENE	NAME	3 Island Ave #14H	3 Island Ave #14H	
STREET ADDRESS	1228 WEST AVE, #1401	STREET ADDRESS	MIAMI, FL 33139	MIAMI, FL 33139	
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: 3/29/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		