


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90045 010 ****61.25

DOCUMENT # N39031			
1. Entity Name 1218 DREXEL CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1218 DREXEL AVE. APT 101 MIAMI BEACH, FL 33139 US		Mailing Address P.O. BOX 191904 MIAMI BEACH, FL 33119 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>15190 SW 136 St</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>18</i>	
City & State		City & State <i>Miami FL</i>	
Zip	Country	Zip	Country
<i>33196</i>		<i>33196</i>	<i>Fla</i>
4. FEI Number 65-0203001		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AVIV, IRIT 1365 MONAD TERRACE MIAMI BEACH, FL 33139		Name <i>Empress Property Management</i> Street Address (P.O. Box Number is Not Acceptable) <i>15190 SW 136 St</i> <i>Ste 18</i> City <i>Miami</i> FL Zip Code <i>33196</i>	
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 <i>Alice C. Alkhorak</i>		DATE <i>1/23/08</i>	
Filing Fee is \$61.25 Due by May 1, 2008		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BACH, LENORA	NAME	
STREET ADDRESS	7600 SW 69 AVE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33143	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVALL, DENNIS	NAME	
STREET ADDRESS	1218 DREXEL AVE #305	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRIT, AVIV	NAME	
STREET ADDRESS	1365 MONAD TERRACE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILDERSLEEVE, JAMES	NAME	
STREET ADDRESS	P.O. BOX 499	STREET ADDRESS	
CITY-ST-ZIP	HUDSON, IL 61748	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 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.			
SIGNATURE: <i>[Signature]</i>		DATE: <i>1/25/08</i> 388-0257	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE Daytime Phone #	