

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39031

FILED
May 01, 2009
Secretary of State

Entity Name: 1218 DREXEL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1218 DREXEL AVE.
APT 101
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

15190 SW 136 ST
18
MIAMI, FL 33196 US

New Mailing Address:

PO BOX 191042
MIAMI BEACH, FL 33119 US

FEI Number: 65-0203001 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BACH, LENORA
7600 S.W. 69 AVENUE
MIAMI, FL 33196 US

Name and Address of New Registered Agent:

AMERICAN PROPERTY MANAGEMENT SPECIALISTS
1354 WASHINGTON AVENUE
STE 225
MIAMI BEACH, FL 33139 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: KRISTINA MANGOLD

05/01/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: BACH, LENORA
Address: 7600 SW 69 AVE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: DE LA TORRE, ARLENE
Address: 1218 DREXEL AVENUE - UNIT 207
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD () Delete
Name: GILDERSLEEVE, JAMES
Address: 1218 DREXEL AVENUE - UNIT 201
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD () Delete
Name: SUTTON, JANE
Address: 1218 DREXEL AVENUE - UNIT 207
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JAMES GILDERSLEEVE

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date