


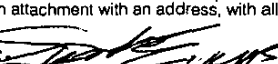
2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90079 012 ****61.25

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|---|----------------------------|--|--|---|----------------------|
| DOCUMENT # N95000005615 | | | |  | |
| 1. Entity Name CLEARVIEW TOWERS CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 2829 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140 | | Mailing Address 2829 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 01052005 Chg-NP CR2E037 (10/03) | |
| Zip | | Country | | 4. FEI Number 65-0653302 | |
| | | | | Applied For 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 | | |
| PROPERTY MANAGEMENT SERVICES CORP. 8299 CORAL WAY MIAMI, FL 33155 | | | 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, 2005 | | 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 | P | <input type="checkbox"/> Delete | TITLE | Vice - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | PRIETO, MARISELA | | NAME | | |
| STREET ADDRESS | 12281 SW 194 ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33177 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FLORES, ELIO | | NAME | | |
| STREET ADDRESS | 2829 INDIAN CREEK DR #611 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MENN, KURT | | NAME | ERIC SCHOLL | |
| STREET ADDRESS | 2829 INDIAN CREEK DR #702 | | STREET ADDRESS | 2829 INDIAN CREEK DR. MB | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | CITY-ST-ZIP | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BETANCOURT, ENRIQUE | | NAME | | |
| STREET ADDRESS | 2829 INDIAN CREEK DR #602 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EIRAS, SANDRA | | NAME | | |
| STREET ADDRESS | 2829 INDIAN CREEK DR #1110 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MARTINEZ, ALBERTO | | NAME | | |
| STREET ADDRESS | 2829 INDIAN CREEK DR #303 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33140 | | 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  | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | SANDRA EIRAS |
| | | | Date | | 1/12/05 205 264-4250 |
| | | | | | Daytime Phone # |