


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 002 ****61.25

DOCUMENT # N95000005615 1. Entity Name CLEARVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2829 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140	Mailing Address 2829 INDIAN CREEK DRIVE MIAMI BEACH, FL 33140
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00000745



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01102007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 65-0653302	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired, <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	V PRIETO, MARISOLA	<input checked="" type="checkbox"/>
STREET ADDRESS	12284 SW 404 ST.	
CITY-ST-ZIP	MIAMI, FL 33177	
TITLE	T FLORES, ELIO	<input type="checkbox"/>
STREET ADDRESS	2829 INDIAN CREEK DR #611	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	P SCHOLL, ERIC	<input type="checkbox"/>
STREET ADDRESS	2829 INDIAN CREEK DR #702	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D BETANCOURT, ENRIQUE	<input type="checkbox"/>
STREET ADDRESS	2829 INDIAN CREEK DR #602	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	S EIRAS, SANDRA	<input type="checkbox"/>
STREET ADDRESS	2829 INDIAN CREEK DR #110	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	D MARTINEZ, ALBERTO	<input type="checkbox"/>
STREET ADDRESS	2829 INDIAN CREEK DR #303	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	VP Vera Azepka	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STREET ADDRESS	2829 Indian Creek Dr # 910		
CITY-ST-ZIP	MD FL 33140		
TITLE	# 511	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	# 1402	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	# 1207	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	# 702	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STREET ADDRESS			
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 ~~the~~ empowered.

SIGNATURE: _____ *Director 1-13-07 3052225110*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #