


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90029 049 ****61.25

DOCUMENT # N96000004023

1. Entity Name
DEL RIO CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**P.H. FLOOR OFFICE
 MIAMI BEACH, FL 33139**

Mailing Address
**1100 COLLINS AVE
 P.H. FLOOR OFFICE
 MIAMI, FL 33130 US**

2. Principal Place of Business - No P.O. Box #
5153 NW 74 Avenue

3. Mailing Address
P.O. BOX 821862

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Pembroke Pines, FL


Zip
33166

Country
USA

Zip
33082

Country
USA

40110000



04302007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0712521

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEL RIO CONDOMINIUM ASSOCIATION
 1100 COLLINS AVE P.H. FLOOR
 MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name **Del Rio Condominium**

Street Address (P.O. Box Number is Not Acceptable)
5153 NW 74 Avenue

City **Miami** FL Zip Code **33166**

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 **4/30/04**

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. **\$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 PR | YEFFET, HAIM <input checked="" type="checkbox"/> Delete | TITLE Doron Doar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | 1100 COLLINS AVE UNIT #7 | NAME | 5153 N. W 74 Avenue |
| STREET ADDRESS | MIAMI BEACH, FL 33139 | STREET ADDRESS | Miami, FL 33166 |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE VP | KINGMAN, RALPH <input type="checkbox"/> Delete | TITLE | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 1 WEATHERBY DRIVE | NAME | |
| STREET ADDRESS | GREENVILLE, SC 29615 | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE S | LEE, TERRY H <input type="checkbox"/> Delete | TITLE | Same <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 410 11TH ST NE | NAME | |
| STREET ADDRESS | WASHINGTON, DC 20002 | 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 | |
| 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: See attached form signed. Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT 40110977

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Del Rio Condominium Association
2. The principal office address: 1100 Collins Avenue PH Floor Miami Beach, FL 33139
3. The mailing address (if different): 5153 N.W 74 Avenue Miami, FL 33166
4. Date of incorporation/qualification: 08/1/1996 Document number: N96000004023
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Haim Yeffet PR
1100 Collins Avenue Unit # 7
Miami Beach, FL 33139

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Doron Doar PR
1100 Collins Avenue Unit # 7
(P.O. Box NOT acceptable)
Miami Beach, FL 33139

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

[Signature] PRSD
Signature of an officer or director

Doron Doar
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

[Signature] PRSD
Signature of Registered Agent

4-19-07
(Date)

If signing on behalf of an entity:
(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314