


# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N97000000427</b> 1. Entity Name WASHINGTON PARK CONDOMINIUM ASSOCIATION, INC.	
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FILED  
07 MAY 25 PM 12:01

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA



Principal Place of Business 1751-1755 WASHINGTON AVE-OFFICE. MIAMI BEACH, FL 33139	Mailing Address C/O COMPLETE PROPERTY MANAGEMENT 3550 BISCAYNE BLVD. STE. 401 MIAMI, FL 33137
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite Apt. #, etc.
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03192007 Chg-NP CR2E037 (12/06)

City & State  Zip Country	City & State  Zip Country
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4. FEI Number 65-0738286	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  COMPLETE PROPERTY MANAGEMENT 3550 BISCAYNE BLVD. STE. 401 MIAMI, FL 33137	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;">FL</span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELAND, MANUEL	NAME	Meland Manuel
STREET ADDRESS	1775 WASHINGTON AVE, 3C	STREET ADDRESS	1775 Washington Ave, 3C
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input type="checkbox"/> Delete	TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREYRA, ANGEL	NAME	Moreyra Angel
STREET ADDRESS	1840 JEFFERSON AVE., #206	STREET ADDRESS	1840 Jefferson Ave, #206
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D <input type="checkbox"/> Delete	TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, AGNES	NAME	Rodriguez Agnes
STREET ADDRESS	1755 WASHINGTON AVE #3F	STREET ADDRESS	1755 Washington Ave #3F
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	Miami Beach, FL 33139
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 employees.

**SIGNATURE:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_