2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Apr 04, 2005 8:00 am Secretary of State DOCUMENT # N98000002636 1. Entity Name 04-04-2005 90061 026 ****61.25 AVENTURA BAY TOWNHOMES CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2500 NW 97 AVE. 18405 N.E. 30TH AVENUE AVENTURA PL 33160 DORAL-FL-33172 3. Mailing Address Principal Place of Business 100 Are 2200 NW 102 Are *∂9∞ NW* CR2E037 (10/04) City & State City & State Applied For 65-0942795 iami Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEUIN S MAI CAPOTE: BEATRIZ M ESO Street Address (P.O. Box Number is Not Acceptable) 1101 BRICKELL AVENUE 17TH FLOOR 8370 NE 30 Are MIAMI_EL_33131 Zip Code 93 160. 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. FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, PLOGREEN FIGID EILEN 1845 NE 30 CF TITLE Delete MARTINS, DAVID B. NAME NAME 18405 N.E. 30TH AVENUE AVENTURA, F/33160 STREET ADDRESS STREET ADDRESS AVENTURA FL 33160 CITY-ST-ZIP CITY-ST-ZIP ROZA, MANUEI PYCS NE 30PL Delete TITLE MARTINS, DAVID B NAME NAME 18405 N.E. 30TH AVENUE STREET ADDRESS STREET ADDRESS AVENTURA, F1 33160 AVENTURA FL 33160 CITY-ST-ZIP CITY-ST-7/P SMAII, KEUIU 18370 DE 30A1 3/1) Defete ☐ Addition TITLE TITLE KORNFIELD, MARK NAME NAME 18405 N.E. 30TH AVENUE STREET ADDRESS AUENTURA, FI 3360 STREET ADDRESS AVENTURA FL 33160 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED