2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# N98000006825

Entity Name: EVERGLADES SOUTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1337 EUCLID AVENUE
UNIT # 103
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1337 EUCLID AVENUE
UNIT # 103
MIAMI BEACH, FL 33139

New Mailing Address:

7700 NORTH KENDALL DRIVE
SUITE PH-2
MIAMI, FL 33156

FEI Number: 65-0883717 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CADICORP MANAGEMENT GROUP
7154-B SOUTH WEST 47TH STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

CADICORP MANAGEMENT GROUP
7700 NORTH KENDALL DRIVE
SUITE PH-2
MIAMI, FL 33156 US

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.

SIGNATURE: CADICORP MANAGEMENT 09/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HISHAM, ABOULHOSN
Address: 1337 EUCLID AVENUE, # 102
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: FUSCO, SANDRO
Address: 1337 EUCLID AVE., #206
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT ( ) Delete
Name: COSGROVE, ANGUS
Address: 1337 EUCLID AVENUE # 205
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS ( ) Delete
Name: MEJIA, CARLOS
Address: 1337 EUCLID AVE # 204
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HISHAM, ABOULHOSN
Address: 1337 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Change ( ) Addition
Name: FUSCO, SANDRO
Address: 1337 EUCLID AVE.
City-St-Zip: MIAMI BEACH, FL 33139

Title: DT (X) Change ( ) Addition
Name: COSGROVE, ANGUS
Address: 1337 EUCLID AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABOULHOSN HISHAM PD 09/06/2006
Electronic Signature of Signing Officer or Director Date