

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002424

FILED
Mar 07, 2005
Secretary of State

Entity Name: RESIDENCE 1611 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1611 EUCLID AVE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O BLUE SKY PROPERTY MANAGEMENT
723 14TH PL
MIAMI BEACH, FL 33139 US

New Mailing Address:

C/O BLUE SKY MIAMI, INC
820 EUCLID AVE, STE 104
MIAMI BEACH, FL 33139 US

FEI Number: 65-1008293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUE SKY PROPERTY MANAGEMENT
723 14TH PL STE 9
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GOMEZ, MICHAEL
1960 TYLER ST
HOLLYWOOD, FL 33020 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: MICHAEL GOMEZ/RMS 03/07/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MEEKS, BLAKE
Address: 1611 EUCLID AVE #15
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: FERGUSON, J.D.
Address: 1611 EUCLID AVE #15
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: MEYER, MARTIN
Address: 1611 EUCLID AVE # 14
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, JOHN
Address: 1611 EUCLID AVE
City-St-Zip: MIAMI, FL 33139

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

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 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 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: JOHN ANDERSON/RMS D 03/07/2005
Electronic Signature of Signing Officer or Director Date