

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 17, 2007
Secretary of State**

DOCUMENT# N99000002424

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 MIAMI, INC
1680 MICHIGAN AVE
MIAMI BEACH, FL 33139 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

GOMEZ, MICHAEL
1960 TYLER ST
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ANDERSON, JOHN
Address: 1611 EUCLED AVE
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: NUBERT, INGE
Address: 1611 EUCLID AVE #12
City-St-Zip: MIAMI, FL 33139

Title: D () Delete
Name: SHIENER, R MAXWELL
Address: 1680 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: ANDERSON, JOHN
Address: 1611 EUCLED AVE # 4
City-St-Zip: MIAMI, FL 33139

Title: D (X) Change () Addition
Name: OLIVA, SHARLYNE
Address: 1611 EUCLID AVE # 15
City-St-Zip: MIAMI, FL 33139

Title: D (X) Change () Addition
Name: SHIENER, R MAXWELL
Address: 1680 MICHIGAN AVENUE # 5
City-St-Zip: MIAMI BEACH, FL 33139

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: SHARLYNE OLIVA/YDC

D

01/17/2007

Electronic Signature of Signing Officer or Director

_____ Date