

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 11, 2009
Secretary of State**

DOCUMENT# N99000005021

Entity Name: POTOMAC PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7366 SW 152 AVENUE
MIAMI, FL 33193

New Principal Place of Business:

Current Mailing Address:

7366 SW 152 AVENUE
MIAMI, FL 33193

New Mailing Address:

FEI Number: 65-0998586 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUAN A. SANCHEZ, P.A.
10257 SW 72 ST.
#A-106
MIAMI, FL 33173 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: PD () Delete
Name: LOPEZ, JAMEIDA
Address: 7376 SW 152 AVENUE
City-St-Zip: MIAMI, FL 33193

Title: VP () Delete
Name: CANTON, EMIRE
Address: 7366 SW 152 AVE
City-St-Zip: MIAMI, FL 33193

Title: SCTR () Delete
Name: RODRIGUIZ, ALEIRLA
Address: 7392 SW 152 AVE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: EMIRE CANTON

VP

03/11/2009

Electronic Signature of Signing Officer or Director

_____ Date