## 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N99000005274

TileD Feb 10, 2006 Secretary of State

Entity Name: THE MERCURY SOUTH BEACH CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 100 COLLINS AVE MIAMI BEACH, FL 33139 **Current Mailing Address: New Mailing Address:** C/O BLUE SKY MIAMI C/O BLUE SKY MIAMI 820 EUCLID AVE 104 1680 MICHIGAN AVENUE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 FEI Number: 65-0949395 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GOMEZ, MICHAEL 1930 TYLER ST HOLLYWOOD, FL 33120 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete CHEVETZ, MYLES Name: Name: Address: 161 COLLINS AVENUE Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition SISSINO, CHRISTOPHER Name: Name: Address: 420 LINCOLN ROAD Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition SYLLA, JEAN MARIE Name: Name: 753A DELAWARE AVE SW Address: Address: City-St-Zip: WASHINGTON, DC 20024 City-St-Zip: Title: () Delete Title: () Change () Addition DUNN, KIEITH Name: Name: 2834 MURRAY AVENUE Address: Address: City-St-Zip: BELSALEN, PA 19020 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: MYLES CHEVETZ / FI D 02/10/2006