

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007097

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: 1455 MICHIGAN AVENUE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1455 MICHIGAN AVE.,  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

309 23RD STREET #3B  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

309 23RD STREET  
#300  
MIAMI BEACH, FL 33139 US

FEI Number: 65-0963922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REGATTA REAL ESTATE MGMT. INC  
309 23RD STREET #3B  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

REGATTA REAL ESTATE MGMT. INC  
309 23RD STREET  
#300  
MIAMI BEACH, FL 33139 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: TIM VODA

04/27/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: RODRIGUEZ, JOSE  
Address: 1455 MICHIGAN AVENUE #7  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DP ( ) Delete  
Name: RAY, GARY L  
Address: 1455 MICHIGAN AVENUE #3  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DS ( ) Delete  
Name: DE LEON, NEIL  
Address: 1455 MICHIGAN AVE #19  
City-St-Zip: MIAMI BEACH, FL 33139

**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 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: GARY RAY

DP

04/27/2005

Electronic Signature of Signing Officer or Director

Date