2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am **Secretary of State DOCUMENT # 766621** 1. Entity Name 02-25-2004 90034 016 ****61.25 168 CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address O. BOX 1/0223 168 SE 1 STREET MIAMI FL 33131 68 SE I STREE Specialized Condominium Mgmt. Inc. ite, Apt. #, etc. MOORE CR2E037 (11/03) 12955 Biscayne Blvd Suite # 326 Applied For North Miami, Florida 33181 City & State FEI Number 59-2425018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent NUXN FOA-IUN-U HORNSTEIN, BRUCE Street Address (P.O. Box Number is Not Acceptable) 317 SEVENTY EIRST STREET SUITE 500-MIAMI BEACH FL 33131 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE Delete TITLE Addition JORDAN, CARLOS NAME NAME 117 GAVILAN AVE STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33143 CITY-ST-ZIP CITY-ST-ZIP 71AM, FL 33/3/ MANY E KAHMER P.A. - Change 168 SE 1ST STARET # 802 114M1, FL 33/31 TITLE ☐ Delete TITLE Addition VORITE, JORDI NAME NAME 168 SE 1 STREET #300 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition ABRAMS, LEONARD NAME NAME 1 NE 1ST STREET #700 STREET ADDRESS STREET ADDRESS **MIAMI FL 33132** CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition TENNANT, THOMAS NAME NAME 168 SE 1ST 9TH FLOOR STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ■ Addition SHERMAN, JEFF NAME NAME 168 SE 1 STREET 803 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STHEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED