

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

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90019 029 ****61.25

DOCUMENT # N00000002249

1. Entity Name

GREEN DIAMOND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4775 COLLINS AVE.
MIAMI BEACH FL 33140**

**4775 COLLINS AVE.
MIAMI BEACH FL 33140**

54018722



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1106891

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HABER, ROBERT M
FREEMAN, BUTTERMAN & HABER LLP
520 BRICKELL KEY DR., STE. 0-305
MIAMI FL 33131**

Name

Magdaly Aguirre

Street Address (P.O. Box Number is Not Acceptable)

**210 Green Diamond Condominium Assoc. Inc.
4775 Collins Ave. # 400**

City

Miami Beach

FL

Zip Code

33140

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

Magdaly Aguirre

Property Manager

3/10/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
DP	VACANTI, LUIS	4775 COLLINS AVE.	MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DST	DE MORAES, ROSELI B	4775 COLLINS AVE.	MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	CASANOVA, ALICIA A	4775 COLLINS AVE #1702	MIAMI BEACH FL 33140	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

Luis Vacanti

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/04

DATE

305-531-6242

DAYTIME PHONE #