

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90169 041 ****61.25

DOCUMENT # N94000004278

1. Entity Name
**CASABLANCA CONDOMINIUM ASSOCIATION OF MIAMI
BEACH, INC.**



Principal Place of Business
**6345 COLLINS AVE
MIAMI BEACH, FL 33141 US**

Mailing Address
**6345 COLLINS AVE
MIAMI BEACH, FL 33141 US**

34053110



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-0516441

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

**PIQUE, SYLVIA
275 FONTAINEBLEAU BLVD
SUITE 140
MIAMI, FL 33172**

7. Name and Address of New Registered Agent

Name **David Hess**
Street Address (P.O. Box Number is Not Acceptable)

6345 Collins Avenue

City **Miami Beach** FL Zip Code **33141**

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

[Signature] **Secretary/Treasurer** **5/2/04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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

TITLE **PD** ☐ Delete
NAME **ACOSTA, MARIA**
STREET ADDRESS **12731 NW 11 ST**
CITY-ST-ZIP **MIAMI, FL 33182**

TITLE **VPD** ☐ Delete
NAME **ALVAREZ, MARITZA**
STREET ADDRESS **1432 SW 124 PL**
CITY-ST-ZIP **MIAMI, FL 33184**

TITLE **STD** ☐ Delete
NAME **DELGADO, GLORIA**
STREET ADDRESS **7834 SW 21 TE**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **LILLIANA TORRES-BAJOUTA**
STREET ADDRESS **333 S. MIAMI AVENUE #700**
CITY-ST-ZIP **MIAMI, FL 33130**

TITLE **JP** ☒ Change ☐ Addition
NAME **LESLIE FERRER-ELZEY**
STREET ADDRESS **6345 COLLINS AVENUE**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **STD** ☒ Change ☐ Addition
NAME **DAVID HESS**
STREET ADDRESS **6345 COLLINS AVE**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] **David Hess** **5/2/04** **786-395-1516**