
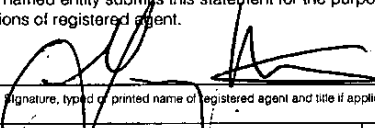
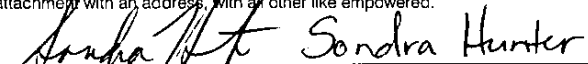


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90154 037 ****61.25

DOCUMENT # N41878					
1. Entity Name L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH., FL 33140 US			Mailing Address 5757 COLLINS AVE. ADMIN OFFICE MIAMI BCH., FL 33140 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0247650	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MARS, GARY M 150 WEST FLAGLER STREET 27TH FLOOR MIAMI, FL 33130				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 				DATE 2/22/05	
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, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNEJO, ARTURO		NAME	SONDRA HUNTER	
STREET ADDRESS	5757 COLLINS AVE #1806		STREET ADDRESS	5757 COLLINS AVE, #1406	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, SAM		NAME		
STREET ADDRESS	5757 COLLINS AVE., #2207		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH., FL 33140		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILA, GRAZIA		NAME	DR. JOSE VARGAS	
STREET ADDRESS	5757 COLLINS AVE. #1707		STREET ADDRESS	5757 COLLINS AVE, #606	
CITY-ST-ZIP	MIAMI BCH., FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPERSTEIN, STANLEY		NAME	GERARDO SALCINES	
STREET ADDRESS	5757 COLLINS AVE. #1201		STREET ADDRESS	5757 COLLINS AVE, #1006	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, SONDRA		NAME	CHRISTOPHER WADSWORTH	
STREET ADDRESS	5757 COLLINS AVE. UNIT 1406		STREET ADDRESS	5757 COLLINS AVE, #2004	
CITY-ST-ZIP	MIAMI BEACH, FL 33140		CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 				DATE: 2/9/05 305-868-3109	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DATE DAY/MONTH/YEAR DAYTIME PHONE #	