2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State
04-20-2005 90347 047 ****61.25

66022159

DOCUMENT # N04000010434

1. Entity Name
814 PONCE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
814 PONCE DE LEON BLVD STE 402 CORAL GABLES, FL 33134	814 PONCE DE LEON BLVD STE 402 CORAL GABLES, FL 33134

04052005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	301 ALMERIA AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE # 106
City & State	City & State Coral Gables - Fl.
Zip / Country	Zip 33134 Country USA

4. FEI Number 68-0607746 ☒ Applied For ☐ Not Applicable

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 520 BRICKELL KEY DR STE O-305 MIAMI, FL 33131	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005.

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	PD STRELITZ, BRIAN 814 PONCE DE LEON BLVD STE 402 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Strelitz, Brian 301 Almeria Ave, Suite # 106 Coral Gables - Fl 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUIZ, ZULLY 814 PONCE DE LEON BLVD STE 402 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD. Ruiz, Zully 301 Almeria Avenue, Suite # 106 Coral Gables Fl 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GALBAN, JENNIFER 814 PONCE DE LEON BLVD STE 402 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Galban, Jennifer 301 Almeria ~~Almeria~~ Ave # 106 Coral Gables - Fl 33134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 4-8-05 305-444-5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #