

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007921

FILED  
Jan 09, 2006  
Secretary of State

**Entity Name:** CARIBBEAN TOWERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2450 N.E. MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2450 N.E. MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

**FEI Number:** 20-3273092

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, JOSE  
2450 N.E. MIAMI GARDENS DRIVE  
2ND FLOOR  
NORTH MIAMI BEACH, FL 33180 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BIGELMAN, ANITA  
Address: 9505 HARDING AVENUE  
City-St-Zip: SURFSIDE, FL 33154

Title: VTD ( ) Delete  
Name: WASERSTEIN, MARTA  
Address: 9505 HARDING AVENUE  
City-St-Zip: SURFSIDE, FL 33154

Title: SD ( ) Delete  
Name: SMITH, SARA  
Address: 9505 HARDING AVENUE  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARA SMITH

SD

01/09/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date