2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #761068 1. Entity Name 02-28-2006 90014 023 ****61.25 CHRISTOPHER PLAZA CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 1736 S.W. 19 ST. 1736 S.W. 19 ST. 00000460 MIAMI, FL 33145 MIAMI, FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242006 Chg-NP CR2E037 (11/05) 4. FEI Number 65-0192709 Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jorge P. Mendieta WILLIAMS, KELLEY . Street Address (P.O. Box Number is Not Acceptable) 1736 S.W. 19 ST. #303 14896 SOARING EAGLE CT MIAMI, FL 33145 FT MYERS 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 JORGE P. MENDIETA FEB 24.06 SIGNATURE. (NOTE: Reci DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE JORGE P. MENDIETA WILLIAMS, KELLEY NAME NAME 14896 SOARING EAGLE CT 1736 SW 19 STREET, #303 STREET ADDRESS STREET ADDRESS MIAMI, FL 33145 FT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE **Addition** ☐ Chance WILLIAMS, KELLEY MARIA M. BOHORQUES NAME NAME 9385 SW 21 STREET STREET ADDRESS 1736 SW 19TH ST 303 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33145 CITY-ST-ZIP MIAMI, FL 33165 TD mme SD **⊠** Delete TILE Addition SUSANNE PALMACCI 1736 SW 1914 STREET, # 102 YADURA, SAENZ NAME NAME STREET ADDRESS 1736 SW 19 STREET, #301 STREET ADDRESS MIAMI, FL 33145_ CITY-ST-ZIP MIAMI: FL 33145 CITY-ST-7IP TITLE ☐ Delete TITLE Addition Chance LAWRENCE PALMACCI 1736 SW 191" STREET, #102 NAME MAME STREET ADDRESS STREET ADDRESS MIAM! FL 33145 CITY-ST-ZIP CITY-ST-7IP MILE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete mle ☐ Chance ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 units an address, with all other like empowered.

JORGE P. MENDIETA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FEB 24 0G

(239)5G1-0004

FILED

Feb 28, 2006 8:00 am