2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State
02-28-2006 90019 014 ****61.25

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1. Entity Name
PUERTA DEL SOL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9 NE 20TH AVENUE DEERFIELD BEACH, FL	9 NE 20TH AVENUE DEERFIELD BEACH, FL

01312006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 10034 W. McNAB RD
City & State	City & State TAMARAC FL
Zip / Country	Zip 33321 Country BROWARD

4. FEI Number 20-2273151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VITIELLO, STEPHEN
1660 N.W. 19TH AVENUE
POMPANO BEACH, FL 33060

7. Name and Address of New Registered Agent

Name CONSOLIDATED COMMUNITY MNGT
Street Address (P.O. Box Number is Not Acceptable)
10034 W. McNAB RD
City TAMARAC FL Zip Code 33321

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 _____ 5-11-06
Signature of new registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

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 VITIELLO, STEPHEN 1660 N.W. 19TH AVENUE POMPANO BEACH, FL 33060	☒ Delete	Sandro Mayo	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAPARELLI, JOSEPH 2313 SW 57TH TERRACE HOLLYWOOD, FL 33023	☒ Delete	Meriwether Klyce.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD CAPARELLI, ERNEST 2313 SW 57TH TERRACE HOLLYWOOD, FL 33023	☒ Delete	Bob Ries	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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 with an address, with all other like empowered.

SIGNATURE: S Mayo 2/15/06 (9)725-8611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #