


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90110 043 ****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**

40010411



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
65-0247650

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SKRLD, INC.
 201 ALHAMBRA CIR STE 1102
 CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

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, 2007

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	HUNTER, SONDR	5757 COLLINS AVE #1406	MIAMI BEACH, FL 33140	<input type="checkbox"/>
VP	LEVY, SAM	5757 COLLINS AVE., #2207	MIAMI BCH., FL 33140	<input type="checkbox"/>
SD	VARGAS, JOSE DR	5757 COLLINS AVE #606	MIAMI BCH., FL 33140	<input type="checkbox"/>
TD	SALCINES, GERARDO	5757 COLLINS AVE #1006	MIAMI BEACH, FL 33140	<input type="checkbox"/>
D	WADSWORTH, CHRISTOPHER	5757 COLLINS AVE #2004	MIAMI BEACH, FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	JUAN MIGUEL PARODI	5757 COLLINS AVE, 801	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	VARGAS, JOSE DR.	5757 COLLINS AVE, 606	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	ROQUE, OLGA	5757 COLLINS AVE, 1604	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	HERRERA, IVAN	5757 COLLINS AVE., 1605	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HUNTER, SONDR	5757 COLLINS AVE., 1406	MIAMI BEACH, FL 33140	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **JUAN MIGUEL PARODI, P** /24/07 305868-3109

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #