


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90056 007 ****61.25

DOCUMENT # N05000000955	
1. Entity Name PUERTA DEL SOL CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 9 NE 20TH AVENUE DEERFIELD BEACH, FL	Mailing Address C/O CCM 10034 W MENDZ RD FORT LAUDERDALE, FL 33321
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10034 W. MCNAB RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State TAMARAC, FL
Zip	Zip 33321
Country	Country FLORIDA

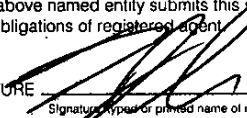
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01302007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent CONSOLIDATED COMMUNITY MGMT 10034 W MCNAB RD FORT LAUDERDALE, FL 33321		7. Name and Address of New Registered Agent Brough, Chadron & Levine P.A. Street Address (P.O. Box Number is Not Acceptable) 1900 N. Commerce Pkwy #2 City Weston FL Zip Code 33326	
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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  **Scott J. Levine, Esq. for Brough, Chadron & Levine, P.A.** 2/9/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYO, SANDRO 1660 N.W. 19TH AVENUE POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MERIWETHER, KLYCE 2313 SW 57TH TERRACE HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RIES, BOB 2313 SW 57TH TERRACE HOLLYWOOD, FL 33023 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **3/1/2007**

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