

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90361 004 \*\*\*\*61.25

**DOCUMENT # N06000013035**

1. Entity Name  
**250 ARAGON CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**% CITY ATTORNEY  
405 BILTMORE WAY  
CORAL GABLES, FL 33134**

Mailing Address  
**% CITY ATTORNEY  
405 BILTMORE WAY  
CORAL GABLES, FL 33134**

40033047



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-6000293**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD  
NAME SLESNICK, DON ☐ Delete  
STREET ADDRESS 405 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPD  
NAME KERDICK, WILLIAM H JR ☐ Delete  
STREET ADDRESS 405 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPD  
NAME WITHERS, WAYNE E ☐ Delete  
STREET ADDRESS 405 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPSD  
NAME ANDERSON, MARIA ☐ Delete  
STREET ADDRESS 405 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPTD  
NAME CABRERA, RAFAEL JR ☐ Delete  
STREET ADDRESS 405 BILTMORE WAY  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*DON SLESNICK* 2/27/07 305/4605220