2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 700674

FILED Mar 14, 2007 8:00 am Secretary of State 03-14-2007 90023 046 ****61.25

1. Entity Name	VIENT # 732071 ISS PARKWAY CONDOM	INIUM ASSOCIATIOI	v G			01.20	
Principal Place of Business 709 CURTISS PARKWAY MIAMI SPRINGS, FL 33166		Mailing Address 709 CURTISS PARKWAY MIAMI SPRINGS, FL 33166		400	35179		
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Principal Place of Business - No P.O. Box # 3. N		3. Mailing Address			45040		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03022007 C	hg-NP CR2E0	37 (12/06)	
City & State		City & State		4. FEI Number 59-16402	4. FEI Number Applied For 59-1640243 Not Applicable		
Zip	Zip Country Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
RENNER, SARAH B			Name E	Name Beverly Kovach			
1	SS.PARKWAY		Street Ad	Idress (P.O. Box Number is	Not Acceptable)		
MIAMI SPRINGS, FL 33166			7	709 Curtiss Pkwy #12			
				iami Sprin	- Zip Code		
	named entity submits this statement for ons of registered agent.	or the purpose of changing its	registered office or	registered agent, or both, it	The State of Florida. I am	familiar with, and accept	ŧ
, conguin	one or registered again.						
	Rayanlu Kayaa	1 Kanal	Kana	1	3/4/	77	
SIGNATURE -	Beverly Kovac Signature, typed or printed name of registered agent	and trile if applicable. (NO/9)	Registered Agent signatu	re required when reinstating)	3/4/c	<u>7</u>	
	Filing Fee is \$61.25		paign Financing	re required when reinstating) \$5.00 May Be Added to Fees	Make chec	ck payable to	
		9. Election Cam Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make chec	rtment of State	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Cam Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Make chec Florida Depa SES TO OFFICERS AND D	rtment of State	en
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12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-SI-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

DV

NA

NA, NA

NA, NA NA

STREET ADDRESS

CITY-\$T-ZIP

CITY-ST-ZIP

NAME

MIAMI SPRINGS, FL 33166

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

Miami Springs, F

305-460-8547

3316L

☐ Change

☐ Addition

Daytime Phone #