2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# N04000010434

Entity Name: 814 PONCE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1400 NE MIAMI GARDENS DR. SUITE #210-A
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

1400 NE MIAMI GARDENS DR. SUITE #210-A
MIAMI, FL 33179

Current Mailing Address:

1400 NE MIAMI GARDENS DR. SUITE #210-A
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

1400 NE MIAMI GARDENS DR. SUITE #210-A
MIAMI, FL 33179

FEI Number: 68-0607746 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HABER, ROBERT M
520 BRICKELL KEY DR STE O-305
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STRELITZ, BRIAN
Address: 301 ALMERIA AVE., SUITE #106
City-St-Zip: CORAL GABLES, FL 33134

Title: VD ( ) Delete
Name: RUIZ, ZULLY
Address: 301 ALMERIA AVENUE, SUITE #106
City-St-Zip: CORAL GABLES, FL 33124

Title: STD ( ) Delete
Name: GALBAN, JENNIFER
Address: 301 ALMERIA AVENUE, SUITE #106
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STRELITZ, BRIAN L
Address: 1400 N.E. MIAMI GARDENS DR, 210A
City-St-Zip: MIAMI, FL 33179 US

Title: VD (X) Change ( ) Addition
Name: RUIZ, ZULLY
Address: 1400 N.E. MIAMI GARDENS DR, 210A
City-St-Zip: MIAMI, FL 33179

Title: STD (X) Change ( ) Addition
Name: GALBAN, JENNIFER
Address: 1400 N.E. MIAMI GARDENS DR, 210A
City-St-Zip: MIAMI, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. STRELITZ PD 04/05/2007

Electronic Signature of Signing Officer or Director — Date