

FILED  
May 01, 2007 8:00 am  
Secretary of State

05-01-2007 90006 015 \*\*\*\*61.25

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

|                                                                                               |                                                                                   |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N05000005265</b><br>1. Entity Name<br>236 ANTILLA CONDOMINIUM ASSOCIATION, INC. |  |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                   |                                                                       |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| Principal Place of Business<br>10556 NW 26TH ST<br>SUITE D-203<br>DORAL, FL 33172 | Mailing Address<br>10556 NW 26TH ST<br>SUITE D-203<br>DORAL, FL 33172 |
|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------|

40094349



04262007 No Chg-NP CR2E037 (4/06)

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|                                                           |                                   |
|-----------------------------------------------------------|-----------------------------------|
| 4. FEI Number<br>20-4545798                               | Applied For<br>Not Applicable     |
| 6. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional<br>Fee Required |

|                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------|
| 5. Name and Address of Current Registered Agent<br><br>ARROM, ORLANDO<br>10556 NW 26TH ST<br>SUITE 100<br>DORAL, FL 33172 |
|---------------------------------------------------------------------------------------------------------------------------|

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IN THIS SPACE**

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 (Type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)) DATE \_\_\_\_\_

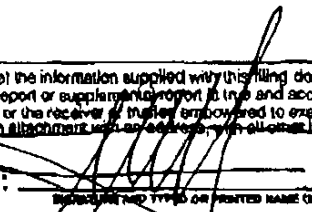
**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |                                                                     |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MARTINEZ, ALFONSO<br>PO BOX 491345<br>KEY BISCAYNE, FL 33149   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BUSTAMANTE, ERNESTO<br>PO BOX 491345<br>KEY BISCAYNE, FL 33149 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HERNANDEZ, ANNA C<br>PO BOX 491345<br>KEY BISCAYNE, FL 33149   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                     |

**DO NOT WRITE  
IN THIS SPACE**

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 affidavit with all other like empowered.

SIGNATURE:  4/27/2007  
Signature and typed or printed name of signing officer or director Date Daytime Phone #