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Secretary of State
05-01-2007 90006 015 ****61.25

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000005265

1. Entity Name
235 ANTILLA CONDOMINIUM ASSOCIATION, INC.

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

40094349

04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4545798
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ARROM, ORLANDO
10556 NW 26TH ST
SUITE 100
DORAL, FL 33172

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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 _____ DATE
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D
NAME	MARTINEZ, ALFONSO
STREET ADDRESS	PO BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	BUSTAMANTE, ERNESTO
STREET ADDRESS	PO BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	D
NAME	HERNANDEZ, ANNA C
STREET ADDRESS	PO BOX 491345
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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: _____ 4/27/2007
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #