


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

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # N04000003929 1. Entity Name CITY 24 CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4770 BISCAYNE BLVD., SUITE 570 MIAMI, FL 33137	Mailing Address 4770 BISCAYNE BLVD., SUITE 570 MIAMI, FL 33137
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04232007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2508893	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REINHARD, SANFORD N 4770 BISCAYNE BLVD., SUITE 570 MIAMI, FL 33137

**DO NOT WRITE
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDLIST, BARRY G 4770 BISCAYNE BLVD., SUITE 570 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MUCENIC, RICARDO 4770 BISCAYNE BLVD., SUITE 570 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD REINHARD, SANFORD N 2875 N.E. 191ST STREET SUITE 404 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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05/14/07-80008-013-61.25

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 Sanford Reinhard	Date 4/23/07	Daytime Phone # 305 932 1555
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