

Da Vinci on Douglas Condominium Association, Inc.

06-18-2007 90165 001 ***245.00


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 JUN 20 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS

DOCUMENT # N04000007813			
1. Entity Name DA VINCI ON DOUGLAS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business % MANAGERS OFFICE 2665 S.W. 37 AVENUE CORAL GABLES, FL 33133		Mailing Address % MANAGERS OFFICE 2665 S.W. 37 AVENUE CORAL GABLES, FL 33133	
2. Principal Place of Business - No P.O. Box # [CORRECT CITY ONLY]		3. Mailing Address	
Suite, Apt. #, etc. [CORRECT CITY ONLY]		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33133	Country	Zip 33133	Country
4. FEI Number 20-1535872		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARS, GARY M ESQ. % HYMAN, KAPLAN, GANGUZZA, SPECTOR MARS PA 150 W. FLAGLER STREET - SUITE 2701 MIAMI, FL 33130		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renominating)</small> 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	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIAZ, CARLOS 2665 SW 37TH AVENUE, #1011 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT MAHFOOD, JASON 2665 SW 37TH AVENUE, #807 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KASSEL, BETH 2665 SW 37 AVE STE 1609 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Jason Mahfood</i>		Date: <i>5/3/07</i> Daytime Phone #: <i>305-649-3886</i>	

Document corrected per Kathy Grummer, manager. PS