

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 29, 2007 8:00 am**  
**Secretary of State**

08-29-2007 90001 036 \*\*\*\*61.25

**DOCUMENT # N04000005904**

1. Entity Name  
**1925 CALAIS DRIVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1925 CALAIS DRIVE  
#6  
MIAMI BEACH, FL 33141**

Mailing Address  
**1925 CALAIS DRIVE  
#6  
MIAMI BEACH, FL 33141**

2. Principal Place of Business - No P.O. Box #  
**1925 Calais Dr.**

3. Mailing Address  
**1925 Calais Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#1**

08012007 Chg-NP CR2E037 (12/06)

City & State  
**Miami Beach, FL**

City & State  
**Miami Beach, FL**

4. FEI Number  
**59-3798837**

Applied For  
Not Applicable

Zip  
**33141**

Country  
**USA**

Zip  
**33141**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LIPSON, STUART A  
16900 NE 19TH AVE  
N MIAMI BEACH, FL 33162**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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  
HAKMAN, DAVID  
1925 CALAIS DRIVE #5  
MIAMI BEACH, FL 33141** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
FREDERICK, SARA  
1925 CALAIS DRIVE #8  
MIAMI BEACH, FL 33141** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
Frederick, Sara  
1925 Calais Dr. #1  
Miami Beach, FL 33141** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
DOUGHERTY, MONICA  
1925 CALAIS DRIVE #6  
MIAMI BEACH, FL 33141** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
Mendoza, Rosa  
1925 Calais Dr. #3  
Miami Beach, FL 33141** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ 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:**

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #