

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-01-2008 90221 003 ****61.25

DOCUMENT # N05000009548 1. Entity Name CITY CENTER CONDOMINIUM ASSOCIATION, INC.																																																															
Principal Place of Business 17 E FLAGLER STREET SUITE 111 MIAMI, FL 33131		Mailing Address 9100 S DADELAND BLVD SUITE 1607 MIAMI, FL 33156																																																													
2. Principal Place of Business - No P.O. Box # 17 E Flagler St. Suite, Apt. #, etc. 219		3. Mailing Address PO Box 13351 Suite, Apt. #, etc.																																																													
City & State Miami, FL		City & State Miami, FL																																																													
Zip 33131	Country USA	Zip 33101	Country USA																																																												
4. FEI Number APPLIED FOR 26-156340A		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 SHERMAN, JEFF 17 E FLAGLER STREET SUITE 219 MIAMI, FL 33131		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's signature required when reappointing)</small>																																																															
Filing Fee is \$81.25 Due by May 1, 2008		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																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> </tr> <tr> <td></td> <td>P SHERMAN, JEFF</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 E FLAGLER STREET SUITE 219</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>VP SHERMAN, THELMA</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 E FLAGLER STREET SUITE 219</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td>ST DI CESARE, LILIANA</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>17 E FLAGLER STREET SUITE 219</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		TITLE	NAME	TITLE	NAME		P SHERMAN, JEFF			STREET ADDRESS	17 E FLAGLER STREET SUITE 219	STREET ADDRESS		CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			VP SHERMAN, THELMA			STREET ADDRESS	17 E FLAGLER STREET SUITE 219	STREET ADDRESS		CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP			ST DI CESARE, LILIANA			STREET ADDRESS	17 E FLAGLER STREET SUITE 219	STREET ADDRESS		CITY-ST-ZIP	MIAMI, FL 33131	CITY-ST-ZIP																	
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 4/28/08 Daytime Phone #: 305 3750720																																																													