2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# N04000010931

Entity Name: ANDALUSIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

100 ANDALUSIA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

100 ANDALUSIA AVENUE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-1921034 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMINGS, JOSEPH F JR
100 ANDALUSIA AVENUE
#305-6
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	CUMMINGS, JOSEPH F JR	
Address:	100 ANDALUSIA AVENUE #305-6	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	T	( ) Delete
Name:	TAYLOR, FRED E	
Address:	100 ANDALUSIA AVENUE #615	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	VP	( ) Delete
Name:	MCGREGOR, STUART J	
Address:	100 ANDALUSIA AVENUE #405	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	S	( ) Delete
Name:	RAMOS, MARIA C	
Address:	100 ANDALUSIA AVENUE #409	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	D	( ) Delete
Name:	MCGRANE, MILES A	
Address:	100 ANDALUSIA AVENUE #701	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	SILVERSTEIN, MYRA	
Address:	100 ANDALUSIA AVENUE #410	
City-St-Zip:	CORAL GABLES, FL 33134	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F CUMMINGS JR P 01/08/2009

Electronic Signature of Signing Officer or Director — Date