## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003929

Entity Name: CITY 24 CONDOMINIUM ASSOCIATION, INC.

FILED Jaņ 30, 2<u>00</u>9 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

2125 BISCAYNE BLVD 350 N.E 24 ST 300 210

MIAMI, FL 33137 MIAMI, FL 33137

**Current Mailing Address: New Mailing Address:** 

350 N.E 24 ST 2125 BISCAYNE BLVD 300

MIAMI, FL 33137 MIAMI, FL 33137

FEI Number: 20-2508893 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REINHARD, SANFORD N 1290 WESTON ROAD SUITE 201 WESTON, FL 33326 US

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:

Date

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition

(X) Change ( ) Addition

SUITE #300

(X) Change ( ) Addition

SUITE # 300

SUITIE # 300

## **OFFICERS AND DIRECTORS:**

( ) Delete GOLDLIST, BARRY G

Name: 2125 BISCAYNE BLVD, #210 Address:

City-St-Zip: MIAMI, FL 33137

Title: VTD () Delete MUCENIC, RICARDO Name: Address: 2125 BISCAYNE BLVD #210

City-St-Zip: MIAMI, FL 33137

Title: () Delete REINHARD, SANFORD N Name:

2875 N.E. 191ST STREET SUITE 404 Address:

City-St-Zip: AVENTURA, FL 33180

( ) Delete Title:

Name: Address:

City-St-Zip:

Title: ( ) Change (X) Addition Name: SUPRUN, YOAV DR

GOLDLIST, BARRY G

MUCENIC, RICARDO

350 N.E 24 ST

350 N.E 24 ST

MIAMI, FL 33137

TIFFANY, RAND

350 N.E 24 ST

MIAMI, FL 33137

MIAMI, FL 33137

350 N.E 24 ST SUITE # 300 Address:

City-St-Zip: MAIMI, FL 33137

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: BARRY GOLDLIST PD 01/30/2009