

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED**  
**Jun 18, 2009**  
**Secretary of State**

DOCUMENT# 725906

Entity Name: EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

790 WEST 20TH STREET  
2ND FLOOR  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 65-0343593      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FOUR POINTS PROPERTY MANAGEMENT  
790 WEST 20TH STREET  
HIALEAH, FL 33010 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: D ( ) Delete  
Name: CALLWOOD, KARLISA  
Address: 790 WEST 20TH STREET  
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete  
Name: CABRERA, NORBERTO  
Address: 790 WEST 20TH STREET  
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: SUAREZ, ORIETTA  
Address: P.O. BOX 521421  
City-St-Zip: MIAMI, FL 33152

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: KARLISA CALLWOOD

D

06/18/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date