2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N94000003638

Entity Name: 1211 PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1211 PENNSYLVANIA AVE.
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

BLUE SKY MIAMI
1680 MICHIGAN AVE STE 908
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-0530049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUE SKY MIAMI, INC.,
1680 MICHIGAN AVE
STE 908
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

SHEINER, ROBERT M CAM
1680 MICHIGAN AVE
STE 908
MIAMI BEACH, FL 33139 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: RM SHEINER, CAM MGR 09/02/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: EPSTEIN, IRA
Address: 223 W JACKSON STE 700
City-St-Zip: CHICAGO, IL 60606

Title: PD ( ) Delete
Name: ARJONA, JOSE
Address: 1211 PENNSYLVANIA #C-1
City-St-Zip: MIAMI BEACH, FL 33139

Title: PROF ( ) Delete
Name: LINDENAU, ILONA
Address: 1211 PENNSYLVANIA AVE # A1
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR ( ) Delete
Name: SHEINER, ROBERT MAXWEL MGR
Address: 1680 MICHIGAN AVE
City-St-Zip: MIAMI BEACH STE 908, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change ( ) Addition
Name: NICHOLAS, CHARLES
Address: PO BOX 95
City-St-Zip: KERHONKSON, NY 12446

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

Title: T (X) Change ( ) Addition
Name: LINDENAU, ILONA
Address: 1211 PENNSYLVANIA AVE # A1
City-St-Zip: MIAMI BEACH, FL 33139

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

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: RM SHEINER MGR 09/02/2009
Electronic Signature of Signing Officer or Director Date