

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 708217	
1. Entity Name NONNIE BARB, INC., A CONDOMINIUM	

Principal Place of Business 549 MERIDIAN AVENUE MIAMI BEACH FL 33139	Mailing Address C/O CAM MANAGEMENT SERVICE P.O. BOX 5103 HIALEAH FL 33012
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-6169447	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GONZALEZ, ANITA CAM MANAGEMENT SERVICES 6175 NW 167 ST UNIT G1 MIAMI LAKES FL 33015	
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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 *Anita Gonzalez* Anita Gonzalez 03/31/07
Signature, word or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when re-stating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
PDT GORDON, JORGE 549 MERIDIAN AVENUE, #1 MIAMI BEACH FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
DS GORDON, JORGE 549 MERIDIAN AVE, #2 MIAMI BEACH FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
D ZAHARIEV, MARIO 549 MERIDIAN AVENUE, #11 MIAMI FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
U000000694601 04/17/07-80025-024 61.25	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Jorge Gordon* JORGE GORDON 3/31/07 305-826-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #