2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 708884

1. Entity Name
SOUTHERN STAR CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
441 COLLINS AVE MIAMI BEACH, FL 33139-6622	441 COLLINS AVE MIAMI BEACH, FL 33139-6622

01222004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1259375
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GALLARDO, YUDENIA
441 COLLINS AVE
APT 3
MIAMI BCH, FL 33139

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000019638
01/29/04-80033-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	GALLARDO, YUDENIA
STREET ADDRESS	441 COLLINS AVE #3
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	VPD
NAME	KELLY, BILL
STREET ADDRESS	441 COLLINS AVE #20
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	D
NAME	SAMUEL, ANN
STREET ADDRESS	441 COLLINS AVENUE #17
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	STD
NAME	GERBERG, FLORENCE
STREET ADDRESS	441 COLLINS AVE #8
CITY-ST-ZIP	MIAMI BCH, FL 33139
TITLE	D
NAME	STARR, JOYCE
STREET ADDRESS	441 COLLINS AVE # 6
CITY-ST-ZIP	MIAMI, FL 33139
TITLE	D
NAME	VEJRABKA, JIM
STREET ADDRESS	441 COLLINS AVE # 24
CITY-ST-ZIP	MIAMI, FL 33139

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X Yudenia Gallardo YUDENIA GALLARDO 1/25/04 (305) 532-6912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #