



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90019 029 ****61.25

DOCUMENT # 708884 1. Entity Name SOUTHERN STAR CONDOMINIUM, INC.					
Principal Place of Business 441 COLLINS AVE MIAMI BEACH, FL 33139-6622			Mailing Address 441 COLLINS AVE MIAMI BEACH, FL 33139-6622		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALLARDO, YUDENIA 441 COLLINS AVE APT 3 MIAMI BCH, FL 33139				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLARDO, YUDENIA		NAME		
STREET ADDRESS	441 COLLINS AVE #3		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, BILL		NAME	MARGARET KELLY	
STREET ADDRESS	441 COLLINS AVE #20		STREET ADDRESS	441 COLLINS AVENUE #22	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, ANN		NAME		
STREET ADDRESS	441 COLLINS AVENUE #17		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERBERG, FLORENCE		NAME		
STREET ADDRESS	441 COLLINS AVE #8		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33139		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARR, JOYCE		NAME		
STREET ADDRESS	441 COLLINS AVE # 6		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VEJRABKA, JIM		NAME	SUSAN HAHN	
STREET ADDRESS	441 COLLINS AVE # 24		STREET ADDRESS	441 COLLINS AVE #20	
CITY-ST-ZIP	MIAMI, FL 33139		CITY-ST-ZIP	MIAMI BEACH FL 33139	
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: <i>X</i> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>1/28/05</i> Daytime Phone #					

40003322



01242005 Chg-NP CR2E037 (10/03)

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

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 _____ 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, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET KELLY	
STREET ADDRESS	441 COLLINS AVENUE #22	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN HAHN	
STREET ADDRESS	441 COLLINS AVE #20	
CITY-ST-ZIP	MIAMI BEACH FL 33139	

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* 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *1/28/05* Daytime Phone #