

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90013 030 ****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

1st MOORE

CR2E037 (10/05)

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 **FLORENCE GERBERG**
Street Address (P.O. Box Number is Not Acceptable) **441 COLLINS Ave Apt. 8**
City **MIAMI BEACH** FL **33139**

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

Florence Gerberg

1/29/06

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 checked="" 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, MARGARET	
STREET ADDRESS	441 COLLINS AVENUE #22	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SAMUEL, ANN	
STREET ADDRESS	441 COLLINS AVENUE #17	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	GERBERG, FLORENCE	
STREET ADDRESS	441 COLLINS AVE #8	
CITY-ST-ZIP	MIAMI BCH FL 33139	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAHN, SUSAN	
STREET ADDRESS	441 COLLINS AVENUE #20	
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	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLORENCE GERBERG	
STREET ADDRESS	441 COLLINS AVE #8	
CITY-ST-ZIP	MIAMI BEACH, FLA 33139	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUDENIA GALLARDO	
STREET ADDRESS	441 COLLINS AVE #3	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR DE LA TORRE	
STREET ADDRESS	441 COLLINS AVE #11	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLORIA RUIZ	
STREET ADDRESS	441 COLLINS AVE #23	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HELEN CZAPLA	
STREET ADDRESS	441 COLLINS AVE #17	
CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Florence Gerberg

1/29/06 305-5318267