


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90009 015 \*\*\*\*61.25

|  |   |  |  |   |  |
|--|---|--|--|---|--|
| <b>DOCUMENT # 708884</b><br>1. Entity Name<br><b>SOUTHERN STAR CONDOMINIUM, INC.</b>   |   |  |  |  |  |
| Principal Place of Business<br><b>441 COLLINS AVE<br/>MIAMI BEACH, FL 33139-6622</b>   |   |  |  | Mailing Address<br><b>441 COLLINS AVE<br/>MIAMI BEACH, FL 33139-6622</b>          |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |  |
| City & State   |   | City & State   |  |   |  |
| Zip  | Country   | Zip  | Country  | 07152008    Chg-NP    CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>59-1259375</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>GERBERG, FLORENCE<br/>441 COLLINS AVE APT 8<br/>MIAMI BCH, FL 33139</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Margaret Kelly</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>441 Collins Ave.</b><br>Apt. 22<br>City <b>Miami Beach</b> <b>FL</b> Zip Code <b>33139</b> |   |  |
| 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 <i>Margaret Kelly</i> <b>Margaret Kelly</b> <b>7.25.08</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 12, 2008</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00</b> 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GERBERG, FLORENCE<br>441 COLLINS AVE # 8<br>MIAMI BCH, FL 33139     | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PRESIDENT<br>MARGARET KELLY<br>441 COLLINS AVE APT 22<br>M.B. FL 33139            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VPD<br>GALLARDO, YUDENIA<br>441 COLLINS AVE # 3<br>MIAMI BEACH, FL 33139  | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>SUSAN HAHN<br>441 COLLINS AVE APT 20<br>MIAMI BEACH FL 33139                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>DE LA TORRE, VICTOR<br>441 COLLINS AVE # 11<br>MIAMI BEACH, FL 33139 | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>RUIZ, GLORIA<br>441 COLLINS AVE # 23<br>MIAMI BCH, FL 33139          | <input checked="" type="checkbox"/> Delete                                       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CZAPLA, HELEN<br>441 COLLINS AVE #17<br>MIAMI, FL 33139              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>VEJRABKA, JIM<br>441 COLLINS AVE # 24<br>MIAMI, FL 33139             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>Margaret Kelly</i> <b>Margaret Kelly</b> <b>7.25.08</b> <b>248.622.1037</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>  |   |  |  |   |  |