

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 709558

FILED  
Jun 18, 2009  
Secretary of State

Entity Name: 1100 ALTON ROAD CONDOMINIUM APARTMENTS, INC.

**Current Principal Place of Business:**

1100 ALTON ROAD  
APT #3E  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

% CARL FISHER 108  
P.O. BOX 398806  
MIAMI BEACH, FL 332398806

**New Mailing Address:**

FEI Number: 59-1142913      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ZINI, LUCA  
1100 ALTON ROAD  
APT #3E  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: ZINI, LUCA  
Address: 1100 ALTON RD #3-E  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD ( ) Delete  
Name: GASPARINI, GUILLERMO  
Address: 1100 ALTON RD #3-C  
City-St-Zip: MIAMI BEACH, FL 33139

Title: S ( ) Delete  
Name: HAUSSPIEGEL, IRLENE  
Address: 100 ALTON RD, #5A  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD ( ) Delete  
Name: LOPEZ-PETERSON, ARANZAZU  
Address: 1100 ALTON RD #3E  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUILLERMO GASPARINI

TD

06/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date