

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713047

FILED
Apr 03, 2009
Secretary of State

Entity Name: WASHINGTON CENTER CONDOMINIUM, INC.

Current Principal Place of Business:

524 WASHINGTON AVE
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O CAM MANG. SRVS.
PO BOX 5103
HIALEAH, FL 330141103 US

New Mailing Address:

FEI Number: 59-1259698

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, ANITA
6175 NW 167 ST. #G1
MIAMI LAKES, FL 33015 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: SUAREZ, HENRY
Address: 524 WASHINGTON AVE, # 309
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VPD () Delete
Name: ELIZONDO, EDUARDO
Address: 524 WASHINGTON AVENUE, APT. 101
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: TD () Delete
Name: NAZCO, EVELIO
Address: 524 WASHINGTON AV A206
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: S () Delete
Name: REYES, JOSE
Address: 524 WASHINGTON AVE, # 307
City-St-Zip: MIAMI BEACH, FL 33139

Title: D () Delete
Name: GARRAWAY, VERNON B
Address: 524 WASHINGTON AVE. 313
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:

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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: HENRY SUAREZ

P/D

04/03/2009

Electronic Signature of Signing Officer or Director

Date