2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2008 8:00 am Secretary of State

ANNUAL REPORT

DOCUMENT # 717701 1. Entity Name CANONGATE CONDOMINIUM APARTMETNS NO. ONE, INC.						07-14-2008 9	00026 046 ****61.2	25	
Principal Place 800 N.E. 195 N MIAMI BEA	60								
2. Principal Pr	ace of Business - No P.O. Box #	3. Mailing Address				<u> </u>		WW 11 11 11 11 11 11 11 11 11 11 11 11 1	
Suite, Apt. #, etc. St		Suite, Apt. #, etc.	Suite, Apt. #, etc.		07072008	Chg-NP	CR2E037 (12/06)		
City & State		City & State	City & State		4. FEI Numbe 59-1291	1477		oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	S8.75 Add Fee Require		
	6. Name and Address of Current Re	egistered Agent			7. Name and	Address of New I	Registered Agent		
DECKIN I	AV B		Name						
BESKIN, JAY R 401 EAST LAS OLAS BLVD SUITE 1850 FORT LAUDERDALE, FL 33301				ddress (P	P.O. Box Numbe	er is Not Acceptab	le)		
			City	<u>-</u> -			FL Zip Cod	e	
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 Signature, typod or probles name of requisored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Filing Fee is \$61.25	- 5:	Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make check payable to Florida Department of State			
Di	ue by September 12, 2008					9			
10.		Trust Fund Co	ntribution.	<u> </u>	Added to Fees	Flo		tate	
	ue by September 12, 2008	Trust Fund Co	ntribution.	A	Added to Fees	FIO ANGES TO OFFICE	rida Department of S	tate	
10.	DEFICERS AND DIRE	Trust Fund Co	ntribution.	A	Added to Fees	FIO ANGES TO OFFICE	erida Department of S	tate	
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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: SIGNATURE Meade Toure Meade Regulary 17/08 305-651-517/