


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-14-2008 90026 046 ****61.25

DOCUMENT # 717701 1. Entity Name CANONGATE CONDOMINIUM APARTMETNS NO. ONE, INC.					
Principal Place of Business 800 N.E. 195TH ST. N MIAMI BEACH, FL 33160 33179			Mailing Address 800 N.E. 195TH ST. N MIAMI BEACH, FL 33160		
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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BESKIN, JAY R 401 EAST LAS OLAS BLVD SUITE 1850 FORT LAUDERDALE, FL 33301				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 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	V	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLLER, HAROLD		NAME	MEADE, JOYCE	
STREET ADDRESS	800 NE 195TH ST #302		STREET ADDRESS	800 NE 195 ST #312	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEGEDUS, IVER		NAME	KRONICK, SHERMAN	
STREET ADDRESS	800 NE 195 STREET #319		STREET ADDRESS	800 NE 195 ST #219	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE	S	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALMANZAR, FRANK		NAME	BRENER, PAUL	
STREET ADDRESS	800 NE 195 STREET #120		STREET ADDRESS	800 NE 195 ST #114	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE	T	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTILNO, LUIS		NAME	SHIBIR, CARL	
STREET ADDRESS	800 NE 195 STREET #402		STREET ADDRESS	800 NE 195 ST #601	
CITY-ST-ZIP	N MIAMI BEACH, FL 33179		CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	ALLEN, MARGARET	
STREET ADDRESS			STREET ADDRESS	800 NE 195 ST #217	
CITY-ST-ZIP			CITY-ST-ZIP	N MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete	TITLE	BOGARDOFF, ALFRED (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	800 NE 195 ST #620	
STREET ADDRESS			STREET ADDRESS	N MIAMI BEACH, FL 33179	
CITY-ST-ZIP			CITY-ST-ZIP		
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 <u>Joyce Meade</u> <u>Joyce Meade, President</u> <u>7/7/08</u> <u>305-651-5171</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					