

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 04, 2009  
Secretary of State**

DOCUMENT# 718612

Entity Name: CARLYLE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

7925 CARLYLE AVE  
404  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

7925 CARLYLE AVE  
404  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 59-1445043      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:**

CARDENAS, LAURA  
7925 CARLYLE AVE  
404  
MIAMI BEACH, FL 33141 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: CARDENAS, LAURA  
Address: 7925 CARLYLE AVE 404  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: TD ( ) Delete  
Name: GONZALEZ, FLORA  
Address: 13105 NE 10TH AVENUE  
City-St-Zip: NORTH MIAMI, FL 33161

Title: SECR ( ) Delete  
Name: ROCES, ERNESTO  
Address: 7925 CARLYLE AVE  
City-St-Zip: MIAMI BEACH, FL 33141

**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:

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: LAURA CARDENAS

PD

08/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date