2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #719117 07-28-2008 90028 018 ****61.25 1. Entity Name RENÉ CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 7634 "E" S.W. 55 AVENUE 7634 "E" S.W. 55 AVENUE 60045383 MIAMI, FL 33143 MIAMI, FL 33143 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07112008 Chg-NP CR2E037 (12/06) 4. FEI Number 59-1299992 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUSTIN, CRAIG Street Address (P.O. Box Number is Not Acceptable) 7634 SW 55 AVE E MIAMI, FL 33143 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by September 12, 2008 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Addition ☐ Change 🕰 Delete TAKSIER, CANDACE NAME NAME 7720 SW 55 AVE., UNIT A STREET ADDRESS STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition AUSTIN, L. CRAIG NAME NAME 7621 SW 55TH AVENUE, #A STREET ADDRESS STREET ADDRESS MIAMI, FL 33143 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME JENKINS, ANITA STREET ADDRESS 7650 SW 55 AVE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33143 CITY-ST-ZIP TREASURER - DIRECTOR TITLE ☐ Delete TITLE ☐ Change **X** Addition ASTURIAS ELENA NAME NAME 7634 SW SSAJE, UNIT D MIAMI, FL 33143 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition ☐ Delete TITLE DIRECTOR ☐ Change MCSHANE, WINIFLED NAME NAME STREET ADDRESS STREET ADDRESS 7650 5W 55 ANC. UNIT D CITY-ST-ZIP CITY-ST-ZIP MIAMI FC 33143 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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

FILED

Jul 28, 2008 8:00 am