

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 08:00 AM
Secretary of State



1st MOORE CR2E037 (10/05)

| | | | | | |
|--|----------------------|---|---|---|--|
| DOCUMENT # 726519 1. Entity Name 7125 DICKENS AVENUE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141 | | | | Mailing Address 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 65-0120999 <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applied </div> | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent ALVAREZ, JULIO A 7125 DICKENS AVE. #3 MIAMI BEACH FL 33141 | |
| 7. Name and Address of New Registered Agent 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 _____ | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2006 | | 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 | DP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | ALVAREZ, JULIO A | | NAME | | |
| STREET ADDRESS | 7125 DICKENS AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | | CITY-ST-ZIP | | |
| TITLE | TVP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | SILVA, PEDRO | | NAME | | |
| STREET ADDRESS | 7125 DICKENS AVE #6 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | | CITY-ST-ZIP | | |
| TITLE | ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | ARZAC, MARIA ROSA | | NAME | | |
| STREET ADDRESS | 7125 DICKENS AVE #1 | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI BEACH FL 33141 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add | |
| 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 Section 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: <i>Julio Alvarez</i> JULIO ALVAREZ DP | | | 3/19/06 786-326-4508 | | |