

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726519

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: 7125 DICKENS AVENUE CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

7125 DICKENS AVE. #1  
MIAMI BEACH, FL 33141

## New Principal Place of Business:

7125 DICKENS AVE. #5  
APT # 5  
MIAMI BEACH, FL 33141 US

## Current Mailing Address:

7125 DICKENS AVE. #1  
MIAMI BEACH, FL 33141

## New Mailing Address:

7125 DICKENS AVE. #5  
APT # 5  
MIAMI BEACH, FL 33141 US

FEI Number: 65-0120999

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARZAC, HUGO E  
7125 DICKENS AVE. #1  
MIAMI BEACH, FL 33141 US

## Name and Address of New Registered Agent:

TROIANO, SARA G  
7125 DICKENS AVE. #5  
APT # 5  
MIAMI BEACH, FL 33141 US

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: SARA G. TROIANO

04/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ARZAC, HUGO E  
Address: 7125 DICKENS AVE. #1  
City-St-Zip: MIAMI BEACH, FL 33141

Title: TVP ( ) Delete  
Name: FELDMAN, EVA  
Address: 7125 DICKENS AVE. #4  
City-St-Zip: MIAMI BEACH, FL 33141

Title: ST ( ) Delete  
Name: TROJANO, SARA  
Address: 7125 DICKENS AVE. #5  
City-St-Zip: MIAMI BEACH, FL 33141

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: TROIANO, SARA G  
Address: 7125 DICKENS AVE. #5  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: TVP (X) Change ( ) Addition  
Name: FELDMAN, EVA  
Address: 7125 DICKENS AVE. #4  
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: ST (X) Change ( ) Addition  
Name: TROIANO, JASON E  
Address: 7125 DICKENS AVE. #5  
City-St-Zip: MIAMI BEACH, FL 33141 US

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: SARA G. TROIANO

DP

04/03/2009

Electronic Signature of Signing Officer or Director

Date