2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#726542

FILED Jan 31, 2009 Secretary of State

Entity Name: OMEGA CONDOMINIUM NO. 1, INC.

Current Principal Place of Business: New Principal Place of Business:

1681 N.W. 70TH AVE. PLANTATION, FL 33313

Current Mailing Address: New Mailing Address:

1681 N.W. 70TH AVE. PLANTATION, FL 33313

FEI Number: 59-1559703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POLIAKOFF, GARY A PRES. C/O BECKER & POLIAKOFF 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 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:

Flacture in Circumstance of Descietance of Accord

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S ()Delete Title: ()Change ()Addition

 Name:
 WALTER, LEE
 Name:

 Address:
 1681 NW 70TH AVE
 Address:

 City-St-Zip:
 PLANTATION, FL 33313
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 STRYDOM, ELEANOR
 Name:

 Address:
 1681 NW 70 AVE
 Address:

 City-St-Zip:
 PLANTATION, FL 33313
 City-St-Zip:

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad {\sf ()} \ {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf P} \qquad {\sf (X)} \ {\sf Change} \ {\sf ()} \ {\sf Addition}$

 Name:
 STAYDOM, ELEANOR
 Name:
 STRYDOM, ELEANOR

 Address:
 1681 NW 70TH AVE
 Address:
 1681 NW 70TH AVE

 City-St-Zip:
 PLANTATION, FL 33313
 City-St-Zip:
 PLANTATION, FL 33313

 Name:
 OLDENDICK, KEM
 Name:
 VANEGAS, CARLOS

 Address:
 1681 NW 70 AVE
 Address:
 1681 NW 70 AVE

 City-St-Zip:
 PLANTATION, FL 33313
 City-St-Zip:
 PLANTATION, FL 33313

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: ELEANOR E STRYDOM P 01/31/2009