## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#726548**

Title:

Name:

Address:

City-St-Zip:

VPD

SNODDY, TAMMY

() Delete

7480 NW 17TH STREET #306

PLANTATION, FL 33313

FILED Apr 17, 2009 Secretary of State

Entity Name: OMEGA CONDOMINIUM NO. 7, INC.

**Current Principal Place of Business: New Principal Place of Business:** 7480 N.W. 17TH STREET 7480 NW 17TH ST PLANTATION, FL 33313 **New Mailing Address: Current Mailing Address:** 7480 N.W. 17TH STREET 7480 NW 17TH ST PLANTATION, FL 33313 FEI Number: 59-1559709 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: A.T.R. MANAGEMENT CORP. 1509 S. UNIVERSITY DRIVE PLANTATION, FL 33324 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BAKER, JOSEPH Name: Name: 7480 NW 17TH ST. #301 Address: Address: City-St-Zip: PLANTATION, FL 33313 City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition BELOTEN, ELAINE Name: HOMEIDAN, MIKE MOUNIR Name: Address: 7480 NW 17TH ST #201 Address: 8440 SW 16TH STREET City-St-Zip: PLANTATION, FL 33313 City-St-Zip: MIAMI, FL 33155 Title: () Delete Title: (X) Change ( ) Addition AMATO, LISA AMATO, LISA Name: Name: 7480 NW 17TH ST #205 Address: Address: 7480 NW 17TH ST #205 City-St-Zip: PLANTATION, FL 33313 City-St-Zip: PLANTATION, FL 33313 ( ) Delete Title: TD Title: VPD (X) Change ( ) Addition IZEV, ZAGA Name: IZEV. ZAGA Name: 7480 NW 17TH ST #302 Address: Address: 7480 NW 17TH ST #302 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOSEF BAKER P 04/17/2009

(X) Change ( ) Addition

SNODDY, TAMMY

7480 NW 17TH STREET #306

PLANTATION, FL 33313