## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # 727086

## **FILED** Aug 03, 2005 8:00 am Secretary of State

08-03-2005 90063 017 \*\*\*\*61.25

1. Entity Nam	VAY ISLES CONDOMINIUM	1 ASSOCIATION, INC.					
Principal Plac 3860 NE 176 #307 N MIAMI BCH	OTH ST	Mailing Address C/O ASSOCIATION MGMT PO BOX 630280 MIAMI, FL 33163-0280		5 10 110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1111 1670 1810 H		
		3. Mailing Address P. D. Box 630280					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005 CI	ng-NP	CR2E037 (10/03)	
City & State		MIAMI, FL.		4. FEI Number 59-188181	8	i	oplied For of Applicable
Zíp	Country	33163-6280	Country	5. Certificate of St	atus Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New I	Registered Agent	
GOMEZ, MICHAL ESQ			Name	Name			
LAW OFFI	CE OF MICHAEL GOMEZ, PA ER STREET	•	Street Addres	ss (P.O. Box Number is I	(P.O. Box Number is Not Acceptable)		
	OOD, FL 33020					<u> </u>	
•			City	···		FL Zip Cod	e
8. The above	named entity submits this statement for	rthe purpose of changing its re	egistered office or regi	stered agent, or both, in	the State of Fl	orida. I am familiar with,	and accept
me oonga	ions of registered agent				$\bigcirc$	20-05	
SIGNATURE .	Signatural typed or printed name of registered agent	and title if apply able (NOTE I	Registered Agent signature req	ured when reinstating)	-/-	DATE	
SIGNATURE	Filing Fee is \$61.25	9. Election Camp	paign Financing	\$5.00 May Be		Take check payable t	
	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flo	flake check payable trida Department of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2005 OFFICERS AND DIE	9. Election Camp Trust Fund Co	paign Financing ntribution.	\$5.00 May Be Added to Fees	Flo	fake check payable trida Department of S	tate
10. Title	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Be Added to Fees	Flo	flake check payable trida Department of S	tate
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10. TITLE NAME	Filing Fee is \$61.25  Due by May 1, 2005  OFFICERS AND DIE  D HATTAN, NINA	9. Election Camp Trust Fund Co	paign Financing Intribution,   11. ITHE NAME	\$5.00 May Be Added to Fees	Flo	fake check payable trida Department of S	tate
10. Title Name Street address	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE  D HATTAN, NINA 3860 NE 170TH STREET #301	9. Election Camp Trust Fund Co	paign Financing Intribution,  11. ITILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	flake check payable trida Department of S	tate √ 10
10. TITLE NAME STREET ADDRESS CITY-SI-ZIP	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE  D HATTAN, NINA 3860 NE 170TH STREET #301 NORTH MIAMI BEACH, FL 3316	9. Election Camp Trust Fund Co	naign Financing Intribution.  11. IITLE NAME STREET ADDRESS CITY-S1-ZIP	\$5.00 May Be Added to Fees	Flo	fake check payable trida Department of S	tate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE  D HATTAN, NINÅ 3860 NE 170TH STREET #301 NORTH MIAMI BEACH, FL 3316 DS RICCI, INGRID 3860 NE 170 STREET	9. Election Camp Trust Fund Co	Daign Financing Intribution.  11. ITILE NAME STREET ADDRESS CITY-S1-ZIP TRILE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Flo	flake check payable trida Department of S	tate √ 10
10. THE NAME STREET ADDRESS CITY-ST-ZIP THE NAME	Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIE  HATTAN, NINA 3860 NE 170TH STREET #301 NORTH MIAMI BEACH, FL 3316 DS RICCI, INGRID 3860 NE 170 STREET N. MIAMI BEACH, FL 33160	9. Election Camp Trust Fund Co	paign Financing Intribution.  11. ITILE NAME STREET ADDRESS CITY-S1-ZIP INILE NAME	\$5.00 May Be Added to Fees	Flo	flake check payable trida Department of S	tate √ 10
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE:

SIGNATURE:

SIGNATURE AD THE OFFICE O

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS