

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727601

FILED
Jan 23, 2009
Secretary of State

Entity Name: MIMOSA CONDOMINIUM ASSOCIATION,INC

Current Principal Place of Business:

4747 COLLINS AVE
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4747 COLLINS AVE
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 59-1511645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALEK, DAVID
4747 COLLINS AVE.
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MALEK, DAVID
Address: 4747 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP () Delete
Name: ROSEN, PHILIP
Address: 4747 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: KALLER, THOMAS
Address: 4747 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: SPITZER, ARI
Address: 4747 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: PODOLSKY, ABRAHAM
Address: 4747 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SPITZER, ARI
Address: 4747 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LARRAZ, MARIA
Address: 4747 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID MALEK

P

01/23/2009

Electronic Signature of Signing Officer or Director

_____ Date