

# 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