

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728042

FILED
Apr 27, 2009
Secretary of State

Entity Name: ZURICH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

13480 NE 6TH AVE
MIAMI, FL 33161 US

New Principal Place of Business:

Current Mailing Address:

13480 NE 6TH AVE
MIAMI, FL 33161 US

New Mailing Address:

FEI Number: 59-2351488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GHEBREHWET, AFEWORKI
13480 NE 6TH AVE
MIAMI, FL 33161 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: PD () Delete
Name: ALADRO, MANUEL
Address: 13480 6TH AVE 303
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: GACHELIN, JEAN N
Address: 13480 NE 6 AVE #304
City-St-Zip: MIAMI, FL 33161 D

Title: D () Delete
Name: PATTERSON, BARRINGTON
Address: 13480 NE 6TH AVE APT 306
City-St-Zip: MIAMI, FL 33161

Title: D () Delete
Name: ALADRO, ANTHONY
Address: 13480 NE 6TH AVE 305
City-St-Zip: MIAMI, FL 33161 D

Title: D () Delete
Name: ALADRO, JOSE A
Address: 13480 NE 6TH AVE
City-St-Zip: NORTH MIAMI, FL 33161

Title: D () Delete
Name: MATOS, YOCAST
Address: 13480 NE 6TH AVE APT 213
City-St-Zip: NORTH MIAMI, FL 33161 D

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ALADRO MANUEL

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date