

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # 732299

1. Entity Name
900 CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
7200 N.W. 7TH ST.
MIAMI, FL 33126 US

Mailing Address
C/O NAI MIAMI
9655 S. DIXIE HWY. #200
MIAMI, FL 33156



05042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1584203

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, RODOLFO
7200 NW 7TH STREET
MIAMI, FL 33126

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|------------------------------|
| TITLE | P |
| NAME | RODRIGUEZ, RODOLFO |
| STREET ADDRESS | 7200 NW 7TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33126 |
| TITLE | V |
| NAME | GONZALEZ, RENE |
| STREET ADDRESS | 261 SW 129 AVENUE |
| CITY-ST-ZIP | MIAMI, FL 33184 |
| TITLE | D |
| NAME | ENRIQUEZ, CARLOS |
| STREET ADDRESS | 1501 SUNSET DRIVE, 2ND FLOOR |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 |
| TITLE | D |
| NAME | CUSHING, ROBERT B DDS |
| STREET ADDRESS | 1501 SUNSET DRIVE, 2ND FLOOR |
| CITY-ST-ZIP | CORAL GABLES, FL 33143 |
| TITLE | T |
| NAME | GONZALEZ, RAYMOND |
| STREET ADDRESS | 13831 SW 34TH STREET |
| CITY-ST-ZIP | MIAMI, FL 33175 |
| TITLE | S |
| NAME | ECKSTEIN, ROBERT |
| STREET ADDRESS | 9655 S. DIXIE HWY. #200 |
| CITY-ST-ZIP | MIAMI, FL 33156 |

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05/29/07-80038-001 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #