2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 732299

1. Entity Name
900 CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7200 N.W. 7TH ST. MIAMI, FL 33126 US	C/O NAI MIAMI 9655 S. DIXIE HWY. #200 MIAMI, FL 33156

01282008 No Chg-NP CR2E037 (4/06)

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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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

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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03/18/08-80033-022 61.25

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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: _____ 2/5/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #