2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90233 009 ****61.25

DOCUMENT # 738863

1. Entity Name
ABITARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3495 MAIN HIGHWAY COCONUT GROVE, FL 33133	10465 SW 42 TERRACE MIAMI, FL 33165

03072005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	10691 N. KENDALL DR Suite, Apt. #, etc. # 312
City & State	City & State MIAMI FL
Zip / Country	Zip / Country 33176 / USA

4. FEI Number 59-2023220 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COONEY, JOHN 3190 VIA ABITARE MIAMI, FL 33133	Name COHEN, HARVEY Street Address (P.O. Box Number is Not Acceptable) 3167 VIA ABITARE City MIAMI FL Zip Code 33133

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 _____ TREASURER HARVEY COHEN 3/30/05
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 May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD LANGE, BARBARA 3198 VIA ABITARE MIAMI, FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~LANGE~~ SANTIAGO SOTO 3171 VIA ABITARE MIAMI, FL 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LATHAM, LYNN 3187 VIA ABITARE MIAMI, FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HARVEY COHEN 3167 VIA ABITARE MIAMI, FL 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COONEY, JOHN 3190 VIA ABITARE MIAMI, FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREA GAMBOA 3169 VIA ABITARE MIAMI, FL 33133	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROBINSON, MICHAEL O 3179 VIA ABITARE MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENFIELD, PRISCILLA 3194 VIA ABITARE MIAMI, FL 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MASSEY, STEVE 3185 VIA ABITARE MIAMI, FL 33133	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 3/24/05 305-526-8771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #