


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90323 007 ****61.25

DOCUMENT # 739596 1. Entity Name TEN THOUSAND PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10000 W BAY HARBOR DR BAY HARBOR ISLANDS, FL 33154				Mailing Address C/O BSSS CONDO DEPARTMENT 9655 S DIXIE HIGHWAY, 3RD FLOOR MIAMI, FL 33156	
2. Principal Place of Business		3. Mailing Address C/O BSSS Condo Dept			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 2525 Ponce de Leon Blvd, #			
City & State 		City & State Coral Gables, Florida			
Zip 	Country 	Zip 33134	Country USA	4. FEI Number 59-1865097	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YAFFE, ROBERT H ESQ. 11900 BISCAYNE BLVD., STE 266 MIAMI, FL 33181				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD LYNCH, PETER 10000 W BAY HARBOR DR BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HAAS, STEVEN 10000 W BAY HARBOR DR BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARCIAL, FERNANDO 10000 W BAY HARBOR DR. BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RADO, BARBARA 10000 W BAY HAR. DR BAY HARBOR ISLAND, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIDEON, MAYANI 10000 W. BAY HARBOR DR MIAMI, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Peter G Lynch</u> Peter G Lynch 4/26/06 (305) 938-2346					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					