

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90040 050 ****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 BSS&S CONDO DEPARTMENT
2525 PONCE DE LEON BLVD., #5
CORAL GABLES, FL 33134**

40045801



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02272008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1865097

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

**YAFFE, ROBERT H ESQ.
12000 BISCAYNE BLVD STE 803
MIAMI, FL 33181**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2008**

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 PD ☐ Delete
NAME LYNCH, PETER
STREET ADDRESS 10000 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HAAS, STEVEN
STREET ADDRESS 10000 W BAY HARBOR DR
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME MARCIAL, FERNANDO
STREET ADDRESS 10000 W BAY HARBOR DR.
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME RADO, BARBARA
STREET ADDRESS 10000 W BAY HAR. DR
CITY-ST-ZIP BAY HARBOR ISLAND, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME AVILA, FERNANDO
STREET ADDRESS 10000 W. BAY HARBOR DR
CITY-ST-ZIP MIAMI, FL 33154

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Barbara Rado* **BARBARA RADO**

3-3-08

305/864-6534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #