

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743997

FILED
Jul 07, 2006
Secretary of State

Entity Name: MICHIGAN TERRACE ASSOCIATION, INC.

Current Principal Place of Business:

750 MICHIGAN AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

7154-B SW 47TH ST
MIAMI, FL 33155

New Mailing Address:

P.O. BOX 402507
MIAMI BEACH, FL 33140

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CADICORP MANAGEMENT GROUP
7154-B SW 47TH STREET
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

COMPLETE PROPERTY MANAGEMENT
3550 BISCAYNE BLVD.
SUITE 401
MIAMI, FL 33137 US

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.

SIGNATURE: RAY HICKS

07/07/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DOLCE, DONALD
Address: 245 EAST 63 STREET - 1719
City-St-Zip: NEW YORK, NY 10021

Title: SD () Delete
Name: DUFRESNE, GARY
Address: 750 MICHIGAN AVE; APT 101
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: BOSWELL, RONALD
Address: 750 MICHIGAN AVE., UNIT 302
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD DOLCE

PD

07/07/2006

Electronic Signature of Signing Officer or Director

Date