


# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 745936</b> 1. Entity Name <b>L'HERMITAGE OWNERS ASSOCIATION, INC.</b>						<b>FILED</b> <b>06 NOV 22 PM 3:09</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>2000 SOUTH BAYSHORE DRIVE MIAMI, FL 33133</b>				Mailing Address <b>2000 SOUTH BAYSHORE DRIVE MIAMI, FL 33133</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number <b>59-2089772</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SWEENEY, JAMES MR. 2000 SOUTH BAYSHORE DRIVE MIAMI, FL 33133</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MILLER, MARTIN MR. <input type="checkbox"/> Delete 2000 SOUTH BAYSHORE DRIVE, VILLA #11 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HUERTA, ISIDRO MR. 2000 SOUTH BAYSHORE DR. VILLA #32 MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> Delete WHITE, JOANNE MR. 2000 SOUTH BAYSHORE DRIVE, VILLA #07 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROSE, AL MR. 2000 SOUTH BAYSHORE DR VILLA #34 MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete GRETCHEN, TUNKEY MRS. 2000 SOUTH BAYSHORE DRIVE, VILLA #65 MIAMI, FL 33133			TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARCIA, NATALIE MRS 2000 SOUTH BAYSHORE DR. VILLA #69 MIAMI, FL 33133		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MOORE, MARCHANT 2000 SOUTH BAYSHORE DR. MIAMI, FL 33133			600082135006 11/29/06--01026--013 **61.25			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete MIQUEL, J.P. DR. 2000 SOUTH BAYSHORE DRIVE, VILLA #35 MIAMI, FL 33133			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete BIONDI, WILLIAM 2000 SOUTH BAYSHORE DR. #39 MIAMI, FL 33133			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.							
<b>SIGNATURE</b> <i>Joanne White</i> <b>MRS JOANNE WHITE VP. 10/24/06 305-854-7548</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							