2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 06, 2006 8:00 am Secretary of State 04-06-2006 90001 025 ****61.25

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INC.	Y GARD	ENS CONDOMINI	UM ASSOCIATION,								
Principal Place WEST BAY GA 1665 BAY RO MIAMI BEACH	ardens off Dad	FICE SUITE	Mailing Address 1665 BAY RD. MIAMI BEACH, FL 331	39			400	M M M M M M M M M M M M M M M M M M M	11 848/6 11/11/6	HIII	
2. Principal P	lace of Busin	ness	3. Mailing Address 40 BSS +5 (ando	Dep	t					
Suite, Apt.	#, etc.						03282006 L # 5	Chg-NP	CR2E	037 (11/05)	
City & State		Coral Gables, FL			4. FEI Number 59-2034389			 	pplied For ot Applicable		
Zip	_	Country	33134	Cou	is A			f Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Current	Registered Agent		Name		7. Name and A	Address of New	Registered	d Agent	.
CALIL, ALI 1665 BAY MIAMI BEA	RD. #525					ddress (P	.O. Box Number	is Not Acceptab	le)		
	·				City				F	■ Zip Coc	je
	named entit		or the purpose of changing its	registere	ed office or	registere	d agent, or both	, in the State of F	•		, and accept
SIGNATURE .		or printed name of registered agent	and title it applicable. (NOT	E: Registered	d Agent signatu	ure required v	vhen reinstating)		DATE		
	•										
•	_	e is \$61.25 May 1, 2006	9. Election Car Trust Fund (\$5.00 May Be Added to Fees			ck payable t artment of S	
10.	_		Trust Fund (□ ,	Added to Fees		rida Depa	artment of S	State
TITLE NAME STREET ADDRESS	S FERNANI 1666 WE	OFFICERS AND DIE DEZ, JOSE M ST AVE #310	Trust Fund (11. TITLE NAMI	E ET ADDRESS	□ A S Heri 166	Added to Fees DDITIONS/CHAP Nandez 6 West	NGES TO OFFICE Juan Ave #	ERS AND D	DIRECTORS IN Change	State
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Intereopy certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate any final 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 trustree exprovered to execute or a required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with any document of the corporation of the corporation

SIGNATURE:

President SUMMETURE AND TIPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

*305-938-234*6