2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748089

Apr 07, 2009 Secretary of State

Entity Name: FRANCES CONDOMINIUM APARTMENT ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

7801 ABBOTT AVENUE 7801 ABBOTT AVENUE

APT 204 APT 204

MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 US

Current Mailing Address: New Mailing Address:

7801 ABBOTT AVENUE 7801 ABBOTT AVENUE **APT 204**

APT 204

MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33141 US

FEI Number: 59-2147193 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENENDEZ, TERESA 1801 ABBOTT AVE #503

MIAMI BCH, FL 33141 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:

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition MENDOZA, LUIS MENDOZA, LUIS Name: Name:

7801 ABBOTT AVE., 402 Address: 7801 ABBOTT AVE., 402 Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 US

Title: VPD Title: (X) Change () Addition () Delete

CABERERA, CARLOS Name: CABERERA, CARLOS Name: Address: 7901 ABBOTT AVE #503 Address: 7901 ABBOTT AVE #503 City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 US

Title: () Delete Title: SD (X) Change () Addition

MENENDEZ, TERESA MENENDEZ, TERESA Name: Name: Address: 7801 ABBOTT AVE #506 Address: 7801 ABBOTT AVE #504 City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 US

Title: TD () Delete Title: TD (X) Change () Addition

Name: SIERRA, RUBIELA Name: SIERRA, RUBIELA Address: 7801 ABBOTT AV 302 Address: 7801 ABBOTT AV 302 City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141 US

I hereby certify that the information supplied with this filing does not qualify 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: LUIS MENDOZA PD 04/07/2009