



**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 749716</b> 1. Entity Name <b>VENDOME PLACE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4301 COLLINS AVE MIAMI BCH, FL 33140</b>	Mailing Address <b>4301 COLLINS AVE MIAMI BCH, FL 33140</b>
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**DO NOT WRITE IN THIS SPACE**



04182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2190044</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

**PRESTON, RONALD  
4301 COLLINS AVE.  
#308  
MIAMI BEACH, FL 33140**

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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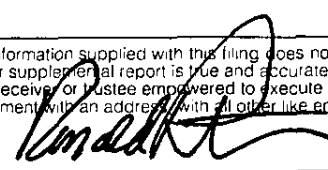
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHWARTZ, MARSHA 4301 COLLINS AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEISS, MOR 4301 COLLINS AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PRESTON, RONALD 4301 COLLINS AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FISCHMAN, HERB 4301 COLLINS AVE. MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, SIMON 4301 COLLINS AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000730465  
05/08/07-80082-016 61.25

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IN THIS SPACE**

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**  **04.18.07 305 8658180**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #