

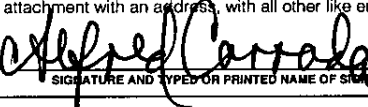


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90057 038 *****70.00

DOCUMENT # 749808			
1. Entity Name DICKENS GARDENS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7830 DICKENS AVE 501 MIAMI BEACH, FL 33141		Mailing Address 7830 DICKENS AVE 301 MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		7830 Dickens Ave Suite, Apt. #, etc. 401	
City & State		City & State Miami Beach, Fl	
Zip	Country	Zip	Country
33141		33141	Miami-Dade
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOLI, TONY 7830 DICKENS AVE 301 MIAMI BEACH, FL 33141		Name MARIN, Ralph Street Address (P.O. Box Number is Not Acceptable) 7830 Dickens Ave. #501 City Miami Beach FL Zip Code 33141	
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 		Ralph Marin, President	3/01/04
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOLI, ANTONIO	NAME	Ralph Marin
STREET ADDRESS	7830 DICKENS AVE 301	STREET ADDRESS	7830 Dickens Ave, M.B., Fl 33141
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERAZZO, LUIS	NAME	
STREET ADDRESS	7830 DICKENS AVE 404	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRK, VIVIAN	NAME	Carrada, Alfred
STREET ADDRESS	7830 DICKENS AVE 502	STREET ADDRESS	7830 Dickens Ave, M.B., Fl 33141
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, BRIGITTE	NAME	
STREET ADDRESS	7830 DICKENS AVE 203	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 		Alfred Carrada-Treasurer 3/01/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #
			305-868-9008