

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90026 024 ****70.00

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02082005 Chg-NP CR2E037 (10/03)

DOCUMENT # 749808			
1. Entity Name DICKENS GARDENS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 7830 DICKENS AVE 501 MIAMI BEACH, FL 33141		Mailing Address 830 DICKENS AVE. 401 MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2093436		Applied For Not Applicable	
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARIN, RALPH 7830 DICKENS AVE. #501 MIAMI BEACH, FL 33141		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARIN, RALPH 7830 DICKENS AVE 301 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PERAZZO, LUIS 7830 DICKENS AVE 404 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARRADA, ALFRED 7830 DICKENS AVE. MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUAREZ, BRIGITTE 7830 DICKENS AVE 203 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR AL LARGE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SUAREZ, BRIGITTE 7830 DICKENS AVE 203 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VIVIAN KIRK 7830 DICKENS AVE 502 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Alfred Carrada</i> ALFRED CARRADA - TREASURER		Date 2/8/05	