

**FILED**  
**Apr 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 750792</b>				<b>Apr 14, 2008 08:00</b> <b>Secretary of State</b>	
<b>1. Entity Name</b> 1101 CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 1101 98TH STREET BAY HARBOR ISLANDS, FL 33154		<b>Mailing Address</b> 1101 98TH STREET BAY HARBOR ISLANDS, FL 33154			
<b>DO NOT WRITE IN THIS SPACE</b>					
		01132008 No Chg-NP CR2E037 (4/08)			
		<b>4. FEI Number</b> 59-2035102		<b>Applied For</b> Not Applicable	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  DOERENTE, CLARICE 1101 98TH STREET APT 3 BAY HARBOR ISLANDS, FL 33154		<b>DO NOT WRITE IN THIS SPACE</b>			
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>04/25/08-80015-023 61.25</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>DO NOT WRITE IN THIS SPACE</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>TD</b> <b>CHESNIK, LINDA</b> <b>1101 98TH ST #1</b> <b>BAY HARBOR ISLANDS, FL</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VPD</b> <b>ANDREOZZI, ANGELICA</b> <b>1101 98 STREET, # 7</b> <b>BAY HARBOR, FL 33154</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>DOERENTE, CLARICE</b> <b>1101 98ST #3</b> <b>BAY HARBOR ISLANDS, FL 33154</b>				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>					
<b>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.</b>					
<b>SIGNATURE</b>  <b>Linda Chesnik</b>		<b>4/10/08</b>		<b>7862299306</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	