2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750792

FILED Aug 04, 2009 Secretary of State

Entity Name: 1101 CONDOMINIUM ASSOCIATION, INC.

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

1101 98TH STREET 1101 98TH STREET

BAY HARBOR ISLANDS, FL 33154 BAY HARBOR ISLANDS, FL 33154 US

Current Mailing Address: New Mailing Address:

1101 98TH STREET 1101 98TH STREET

BAY HARBOR ISLANDS, FL 33154 US

FEI Number: 59-2035102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DOERENTE, CLARICE ANDREOZZI, ANGELICA 1101 98TH STREET 1101 98TH STREET

APT 3 APT 7

BAY HARBOR ISLANDS, FL 33154 US BAY HARBOR ISLANDS, FL 33154 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: ANGELICA ANDREOZZI 08/04/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 CHESNIK, LINDA
 Name:
 MPATSIOS, JUANA

 Address:
 1101 98TH ST #1
 Address:
 1101 98TH ST #5

City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: () Delete Title: (X) Change () Addition ANDREOZZI, ANGELICA Name: DI BARTOLOMEO, TAWNY Name: Address: 1101 98 STREET, #7 Address: 1101 98 STREET, #4 City-St-Zip: BAY HARBOR, FL 33154 City-St-Zip: BAY HARBOR, FL 33154 US

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

Name: DOERNTE, CLARICE Name: ANDREOZZI, ANGELICA

Address: 1101 98ST #3 Address: 1101 98ST #7

City-St-Zip: BAY HARBOR ISLANDS, FL 33154 City-St-Zip: BAY HARBOR ISLANDS, FL 33154 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: ANGELICA ANDREOZZI PD 08/04/2009