


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

03-14-2005 90091 005 \*\*\*\*66.25

**DOCUMENT # 751028**  
 1. Entity Name  
**THE CORVETTE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**7440 BYRON AVE.**      **7440 BYRON AVE.**  
**MIAMI BEACH FL 33141**      **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

1st MOORE      CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**SORIANO, GLORIA**  
**7440 BYRON AVENUE APT 9-B**  
**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURON, JOSE <input checked="" type="checkbox"/> Delete 7440 BYRON AVENUE APT 8-A MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MATORCEVIC, NEVENKA <input type="checkbox"/> Delete 7430 BYRON AVE., 5-B MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SORIANO, GLORIA <input type="checkbox"/> Delete 7440 BYRON AVENUE APT. 9-B MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD RODRIGUEZ, NELSON <input checked="" type="checkbox"/> Delete 7440 BYRON AVENUE APT 11-B MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FERNANDEZ, SUSAN <input type="checkbox"/> Delete 7430 BYRON AVE 17-A MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRISOLOGO JUAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7440 BYRON AVE APT 8-B MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SORIANO GLORIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7440 BYRON AVE APT 9-B MIAMI BEACH FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D FERNANDEZ SUSAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7430 BYRON AVE APT 17-A MIAMI BEACH, FL 33141
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:** *Gloria Soriano*      3-7-05      305-7896270  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #