


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90038 016 \*\*\*\*61.25

|  |                            |  |   |   |  |
|--|----------------------------|--|---|---|--|
| <b>DOCUMENT # 751028</b>   |                            |  |   |  |  |
| 1. Entity Name<br>THE CORVETTE CONDOMINIUM ASSOCIATION, INC.   |                            |  |   |   |  |
| Principal Place of Business<br>7440 BYRON AVE.<br>MIAMI BEACH, FL 33141  |                            |  | Mailing Address<br>7440 BYRON AVE.<br>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  |
| 6. Name and Address of Current Registered Agent  |                            |  |   | 7. Name and Address of New Registered Agent                                       |  |
| SORIANO, GLORIA<br>7440 BYRON AVENUE APT 9-B<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>   |                            |  |   |   |  |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |                            | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
|  |                            |  |   | <b>Make check payable to Florida Department of State</b>                          |  |
| 10. OFFICERS AND DIRECTORS   |                            |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10       |   |  |
| TITLE  | PD                         | <input checked="" type="checkbox"/> Delete                                       | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | CHISOLOGO, JUAN            |  | NAME  |   |  |
| STREET ADDRESS   | 7440 BYRON AVE APT P-B     |  | STREET ADDRESS  |   |  |
| 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   | MATORCEVIC, NEVENKA        |  | NAME  |   |  |
| STREET ADDRESS   | 7430 BYRON AVE., 5-B       |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33141      |  | CITY-ST-ZIP   |   |  |
| TITLE  | MD                         | <input type="checkbox"/> Delete  | TITLE   | MD-ID   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | SORIANO, GLORIA            |  | NAME  | SORIANO GLORIA  |  |
| STREET ADDRESS   | 7440 BYRON AVENUE APT. 9-B |  | STREET ADDRESS  | 7440 BYRON AVE 9-B  |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33141      |  | CITY-ST-ZIP   | M. BEACH FL 33141   |  |
| TITLE  | STD                        | <input type="checkbox"/> Delete  | TITLE   | PD FERNANDEZ SUSAN  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | FERNANDEZ, SUSAN           |  | NAME  |   |  |
| STREET ADDRESS   | 7430 BYRON AVE 17-A        |  | STREET ADDRESS  | 7430 BYRON AVE 17-A   |  |
| CITY-ST-ZIP  | MIAMI BEACH, FL 33141      |  | CITY-ST-ZIP   | M. BEACH FL 33141   |  |
| 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 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. |                            |  |   |   |  |
| SIGNATURE: <u>Gloria Soriano</u>   |                            | <u>[Signature]</u>   |   | <u>2-23-06</u>  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                            | <small>Date</small>  |   | <small>Daytime Phone #</small>  |  |



01082006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2179160 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

FL