


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90124 032 \*\*\*\*61.25

<b>DOCUMENT # 751237</b> 1. Entity Name <b>THE HOTELLA CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>9601 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154-2103</b>			Mailing Address <b>9601 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154-2103</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2089407</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DEAN, ADELGUNDE E 1211 NE 131 STREET NORTH MIAMI, FL 33161</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <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, 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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REES, DAVID</b> <b>10230 COLLINS AVE #308</b> <b>BAL HARBOUR, FL 33154</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>ROY, WILLIAM</b> <b>2801 LUCERNE</b> <b>MIAMI BEACH, FL 33140</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>DORFMAN, AARON</b> <b>535 NE 129 STREET</b> <b>NORTH MIAMI, FL 33161</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>REIZEN, VERA</b> <b>1230 100 STREET</b> <b>BAY HARBOR ISLANDS, FL 33154</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>CURTIS, KAREN</b> <b>18720 SW 33 COURT</b> <b>MIRAMAR, FL 33029</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>NEWPORT, CAROL</b> <b>10775 N BAYSHORE DRIVE</b> <b>NORTH MIAMI, FL 33161</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>ROYSE, GAYNEL</b> <b>1075 92 St. #205</b> <b>Bay Harbor Islands, FL 33154</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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>SIGNATURE: <u>David Rees</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/27/2006 305/866-0321</b> <small>Date Daytime Phone #</small>			