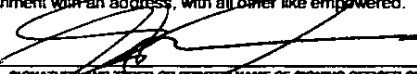# 2006 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT

DOCUMENT # 751237

1. Entity Name
THE HOTELLA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9601 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154-2103	9601 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS, FL 33154-2103

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

04192006   Chg-NP   CR2E037 (11/05)

Zip	Country	Zip	Country

4. FEI Number
59-2089407

Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEAN, ADELGUNDE E 1211 NE 131 STREET NORTH MIAMI, FL 33161	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 _____

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

Amended AR is $61.25	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		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE: D NAME: REES, DAVID STREET ADDRESS: 10230 COLLINS AVE #308 CITY-ST-ZIP: BAL HARBOUR, FL 33154		☒ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition 9000755548939 05/31/06--01018--004 **61.25
TITLE: DT3 NAME: ROY, WILLIAM STREET ADDRESS: 2801 LUCERNE CITY-ST-ZIP: MIAMI BEACH, FL 33140		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DP NAME: DORFMAN, AARON STREET ADDRESS: 535 NE 129 STREET CITY-ST-ZIP: NORTH MIAMI, FL 33161		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DV NAME: REIZEN, VERNA STREET ADDRESS: 1230 100 STREET CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33154		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: D NAME: CURTIS, KAREN STREET ADDRESS: 18720 SW 33 COURT CITY-ST-ZIP: MIRAMAR, FL 33029		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DS NAME: ROYSE, GAYNEL STREET ADDRESS: 1075 92 ST. #205 CITY-ST-ZIP: BAY HARBOR ISLANDS, FL 33154		☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ 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.

SIGNATURE: _____ Aaron Dorfman   5-13-06   305-866-0321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #