

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# 751933

Entity Name: DADELAND PARK CONDOMINIUM, INC.

Current Principal Place of Business:

7505 SW 82 STREET
MIAMI, FL 33143

New Principal Place of Business:

Current Mailing Address:

2200 NW 102 AVE
SUITE #5
MIAMI, FL 33172

New Mailing Address:

FEI Number: 59-2000710 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
#1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GATO, PABLO
Address: 7505 SW 82 STREET #212
City-St-Zip: MIAMI, FL 33143

Title: DVPS () Delete
Name: GUEVARA, ANA
Address: 7505 SW 82ST #109
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: RUEDA, ALVARO
Address: 7505 SW 82 ST #120
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PABLO GATO

PD

02/17/2009

Electronic Signature of Signing Officer or Director

_____ Date