


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 752259</b> 1. Entity Name LO-GAR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 7210 N.W. 77 STREET MIAMI, FL 33152	Mailing Address 7210 N.W. 77 STREET P.O. BOX 521033 MIAMI, FL 33152
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01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0866631	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  MORA, NIVARDO 7210 N.W. 77 STREET MIAMI, FL 33152	<p style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee Is \$81.25  
Due by May 1, 2008**

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

U00000835396  
02/29/08-80033-021 61.25

10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MORA, NIVARDO
STREET ADDRESS	5110 ORDUNA DRIVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	PENICHER, JOSE F.
STREET ADDRESS	501 VILABELLA AVE.,
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	S
NAME	PRIETO, CARLOS
STREET ADDRESS	2841 S.W. 130 AVE.
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T
NAME	FERNANDEZ, MANUEL
STREET ADDRESS	8520 MENTEITH TERR.,
CITY-ST-ZIP	MIAMI LAKES, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/20/08  
Daytime Phone #: 305-883-0061