## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT#754122**

FILED Apr 30, 2009 Secretary of State

Entity Name: MIDWAY GARDENS APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Principal Place of Business:	New Principal Place of Business:	
8332 NW MIAMI, FL					
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
P O BOX ( MIAMI, FL					
FEI Number	: 59-2646694	FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )	)	
Name and	d Address of (	Current Registered Agent:	Name and Address of New Registered Agent:		
201 ALHA STE 500 CORAL G	JEZ, IVETTE F MBRA CIRCLI ABLES, FL 33 e named entity	E 3134 US	urpose of changing its registered office or registered agent, or b	ooth.	
	e of Florida.	oubline the outline here are p	arpoor of onanging to regional amore of regional agent, or a	,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent Date		
OFFICER	S AND DIREC	CTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIREC	TORS:	
Title: Name: Address: City-St-Zip:	D ( DAGUER, JAIN 8227 NW 7ST MIAMI, FL 33		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	SD ( MORALES, MA 8232 NW 8ST MIAMI, FL 33		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	P ( MESA CANO, 8283 NW 7ST MIAMI, FL 33 <sup>4</sup>	-	Title: P (X) Change ( ) Addition Name: PEREZ, ZULEMA Address: 8332 NW 8 ST City-St-Zip: MIAMI, FL 33126		
Title: Name: Address: City-St-Zip:	T ( CASTANEDA, 8241 NW 7ST MIAMI, FL 33		Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:		
City-St-Zip.	V (	) Delete	Title: ( ) Change ( ) Addition Name:		
Title: Name:	SOSA, ANGEL		Name:		

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: JAIME DAGUER D 04/30/2009