## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 27, 2003 8:00 am Secretary of State

1. Entity N	UMENT # 75673 DLONY CONDOMINIUM ASS				01-23-200	3 90064 011 <sup>1</sup>			
C/O MIAMI 14275 SW 1 MIAMI FL 33 US	33186	14275 SW 142 AVE	C/O MIAMI MANAGEMENT INC 14275 SW 142 AVE. MIAMI FL <del>30168</del> - 33   86		T (2004) JACON BUKA CUNI KADEE (1884 1881 DIDIK ALIGIK AKBIK DIDIK AKBIK DIDIK				
		3: Mailing Address							
Suite, Apt. #, etc.  City & State		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
		City & State			4. FEI Number 59-2133207			Applied For Not Applicab	le
Zip	Country  6. Name and Address of Curre	Zip	Country		5. Certificate of St	atus Desired	\$8.75 A		
	Name		7. Name and Add	ress of New Regis	stered Agent		7		
BUNNE 1620 S. UNIT #1	<u></u>	ddress (P	Idress (P.O., Box Number is Not Acceptable)						
MIAM) F	City		<del>_</del>		FL Zip Co	de	4		
SIGNATURE	Signature, typed or printed name of registered and FILE NOW: FEE IS \$61.25	ent and title if applicable. (NOTE:  9. Election Cam, Trust Fund Co			\$5.00 May Be added to Fees		DATE Check Payable Department of		
10.	OFFICERS AND	DIRECTORS	11.	JA	DDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS I	N 10	4
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33133	☐ Delete	TIFLE NAME STREET ADDRESS CITY-ST-ZIP			0.100.100.100.100.100.100.100.100.100.1	☐ Change	Addition	CR2E037 (10/02)
NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL	☐ Delets	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	CR2E
NAME STREET ADDRESS CITY-ST-ZIP	STD	Deleta	NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SO FORSSBERG, MARY 3581 E. GLENCOE STI MIAMI, FL 33133	Delete 7 206	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T-D PORTNOY, RACHEL 3581 E. GLENCOE STR MIAMI, FL. 38133	□ Delete 205 # T33:	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS	· <u>-</u>			☐ Change	☐ Addition	

In ereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SUMMER OF PRINTED NAME OF SIGNING OFFICER OFFI

305 378-0136 Deylime Phone #