2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#757230

FILED Apr 06, 2009 Secretary of State

Entity Name: OMNI BAY HOUSE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 701 N.E. 23RD ST MIAMI, FL 33137 **Current Mailing Address: New Mailing Address:** 7446 SW 48 ST MIAMI, FL 33155 FEI Number: 59-2161360 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VILAR PROPERTY MANAGEMENT, INC. 7446 SW 48 ST. MIAMI, FL 33155 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MUHINA, EDUARDO Name: Name: 6317 SW 10 STREET WEST Address: Address: City-St-Zip: MIAMI, FL 33144 US City-St-Zip: Title: SD () Delete Title: VP/T (X) Change () Addition Name: RIVERA, KATTYA Name: AYAD, JORGE Address: 11745 SW 99 COURT Address: 16699 COLLINS AVENUE UNIT 1506 City-St-Zip: MIAMI, FL 33176 US City-St-Zip: MIAMI BEACH, FL 33160 US Title: VPD () Delete Title: (X) Change () Addition CARRAL, ANTONIO MENENDEZ, BARBARA Name: Name: 701 NE 23 STREET # 101 Address: Address: 701 NE 23 STREET #102 City-St-Zip: MIAMI, FL 33137 US City-St-Zip: MIAMI, FL 33137 US Title: (X) Delete Title: () Change () Addition Name: MENEWDEZ, BARBARA Name: Address: 701 NE 23 STREET #102 Address: City-St-Zip: MIAMI, FL 33137 US 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: EDUARDO MUHINA PD 04/06/2009