

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760248

FILED  
Feb 10, 2009  
Secretary of State

**Entity Name:** ALTAMIRA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

921 SW 27TH AVE  
MIAMI, FL 33135

**New Principal Place of Business:**

**Current Mailing Address:**

921 SW 27TH AVE  
1-C  
MIAMI, FL 33135

**New Mailing Address:**

921 SW 27TH AVE  
MIAMI, FL 33135

**FEI Number:** 65-0134382

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CABRERA, FROILAN  
921 SW 27TH AVE  
SUITE 1C  
MIAMI, FL 33135 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: PD ( ) Delete  
Name: CABRERA, FROILAN  
Address: 921 SW 27TH AVE, SUITE 1C  
City-St-Zip: MIAMI, FL 33135

Title: T ( ) Delete  
Name: ANGELINI, MARTHA  
Address: 921 SW 27TH AVE, SUITE 2A-2B  
City-St-Zip: MIAMI, FL 33135

Title: SD ( ) Delete  
Name: RODRIGUEZ, JOSE A  
Address: 921 SW 27TH AVE., SUITE 1A  
City-St-Zip: MIAMI, FL 33135

**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: FROILAN CABRERA

PD

02/10/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date