


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # 761861
 1. Entity Name
PLAZA 170 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 955 NE 170TH STREET NORTH MIAMI BEACH, FL 33162 US	Mailing Address 955 NE 170TH STREET NORTH MIAMI BEACH, FL 33162 US
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02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2187560	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BRONZSTEIN, JAIME
1021 NE 176TH TERRACE
NORTH MIAMI BEACH, FL 33162

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, JERALD 1901 NE 188TH ST. MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRONZSTEIN, JAIME 1021 NE 176TH TERR NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANCO, ABRAHAM 124 EAST FLAGLER ST 3RD FL MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELNAVIS, SHARON 950 NE 171 ST, APT #216 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, DAVID 995 NE 170 ST, APT #202 NORTH MIAMI BEACH, FL 33162
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000001459654
 03/18/06 80042-006 61.25

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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: *X Jerald A Berman* **3/6/06 305652-3301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone //