

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 04, 2009  
Secretary of State**

DOCUMENT# 761861

Entity Name: PLAZA 170 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

955 NE 170TH STREET  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

1835 N.E. MIAMI GARDENS DRIVE  
SUITE 193  
MIAMI, FL 33179 US

**New Mailing Address:**

FEI Number: 59-2187560      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MEISTER, STEVEN  
1835 N.E. MIAMI GARDENS DRIVE  
SUITE 193  
MIAMI, FL 33179 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: MEISTER, STEVEN  
Address: 1901 NE 188TH ST.  
City-St-Zip: MIAMI, FL 33179  
  
Title: TD ( ) Delete  
Name: BRONSZTEIN, JAIME  
Address: 1021 NE 176TH TERR  
City-St-Zip: NORTH MIAMI BEACH, FL 33162  
  
Title: D ( ) Delete  
Name: FRANCO, ABRAHAM  
Address: 124 EAST FLAGLER ST 3RD FL  
City-St-Zip: MIAMI, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: D (X) Change ( ) Addition  
Name: FRANCO, ABRAHAM  
Address: 124 EAST FLAGLER ST 3RD FL  
City-St-Zip: MIAMI, FL 33179

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: STEVEN MEISTER

PD

04/04/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date