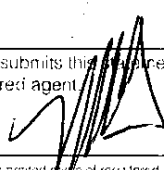


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90012 024 ****61.25

DOCUMENT # 764484			
1. Entity Name RECA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8880-8888 NW 24 TER MIAMI FL 33172		Mailing Address P O BOX 228055 MIAMI FL 33122	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. PO Box 228055	
City & State		City & State Miami, FL	
Zip	Country	Zip	Country
33222		33222	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MP PROPERTY MANAGEMENT, INC. 2600 N W 87 AVE #32 MIAMI FL 33172		Name MP Property Management	
		Street Address (P.O. Box Number is Not Acceptable) 8390 NW 53 St #313	
		City Miami State FL Zip 33166	
8. The above named entity submits this report 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 		DATE 1/24/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when re-registering)	
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADMAN, DAVID 8880 NW 24 TERRACE MIAMI FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bradman, DAVID 8880 NW 24 TERRACE Miami, FL 33172. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VILLOMIL, TATIANA 8880 NW 24 TERRACE MIAMI FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BESALEL, SAMMY 8888 NW 74 TERRACE MIAMI FL 33172 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

1/28/08