2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007
Secretary of State

DOCUMENT# 766569

Entity Name: HERITAGE OF SANS SOUCI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2859 LEONARD DRIVE, G506
AVENTURA, FL 33160 US

New Principal Place of Business:

2859 LEONARD DRIVE
G 506
AVENTURA, FL 33160 US

Current Mailing Address:

2859 LEONARD DRIVE, G506
AVENTURA, FL 33160 US

New Mailing Address:

2859 LEONARD DRIVE
G 526
AVENTURA, FL 33160 US

FEI Number: 59-2153842 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, JEFFREY P
2859 LEONARD DRIVE, G506
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

JOHNSON, JEFFREY P
2859 LEONARD DRIVE
G 506
AVENTURA, FL 33160 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: JEFFREY P. JOHNSON 04/19/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILLER, BETTY
Address: 2107 NE 122 STREET
City-St-Zip: N. MIAMI, FL 33181

Title: SD ( ) Delete
Name: AGUIRRE, EMILY
Address: 1510 NE 138TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: VD ( ) Delete
Name: MORENO-GUZMAN, NORRELLA
Address: 5055 COLLINS AVENUE #4B
City-St-Zip: MIAMI, FL 33140

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GIL, WALTER
Address: 1195 MILAN AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: VD (X) Change ( ) Addition
Name: MOTTLE, KATHY
Address: 19204 N.E. 25TH AVENUE #312
City-St-Zip: AVENTURA, FL 33180 US

Title: TD ( ) Change (X) Addition
Name: AQUIRRE, EMILY
Address: 1510 N.E. 138TH STREET
City-St-Zip: NORTH MIAMI, FL 33161 US

I hereby certify that the information supplied with this filing does not qualify for the 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: BETTY MILLER PD 04/19/2007
Electronic Signature of Signing Officer or Director Date