

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 14, 2009
Secretary of State**

DOCUMENT# 767878

Entity Name: NILDA CONDOMINIUM NO 6-1 ASSOCIATION, INC.

Current Principal Place of Business:

8730 SW 10TH TERRACE
MIAMI, FL 33174

New Principal Place of Business:

Current Mailing Address:

8730 SW 10TH TERRACE
MIAMI, FL 33174

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA HERA, ARISTIDES D
8730 SW 10TH TERRACE
MIAMI, FL 33174 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: DE LA HERA, ARISTIDE, S D
Address: 8730 SW 10TH TERRACE
City-St-Zip: MIAMI, FL 00000,

Title: SD () Delete
Name: MENDEZ, ANGEL A,
Address: 8732 SW 10TH TERRACE
City-St-Zip: MIAMI, FL 00000,

Title: TD () Delete
Name: MENDEZ, MARIA A
Address: 8732 SW 10 TH TERR
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE LA HERA, ARISTIDES D
Address: 8730 SW 10TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: SD (X) Change () Addition
Name: MENDEZ, ANGEL A
Address: 8732 SW 10TH TERRACE
City-St-Zip: MIAMI, FL 33174

Title: TD (X) Change () Addition
Name: MENDEZ, MARIA A
Address: 8732 SW 10TH TERRACE
City-St-Zip: MIAMI, FL 33174

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: ARISTIDES D. DE LA HERA

PD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date