

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 25, 2009
Secretary of State

DOCUMENT# N00000002396

Entity Name: THE SENATE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1606 JEFFERSON AVE
MIAMI BEACH, FL 33139 US**New Principal Place of Business:****Current Mailing Address:**1602 ALTON ROAD
6
MIAMI BEACH, FL 33139 US**New Mailing Address:****FEI Number:** 65-0999447 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**PHILIPS, DAVID
235 LINCOLN ROAD
311
MIAMI BEACH, FL 33139 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:** DP () Delete
Name: JONES, PATRICK
Address: 1606 JEFFERSON
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** DVP () Delete
Name: GOUTY, PATRICE
Address: 1606 JEFFERSON AVE
City-St-Zip: MIAMI BEACH, FL 33139**Title:** DS () Delete
Name: LEAVITT, DONITA
Address: 1606 JEFFERSON AVE
City-St-Zip: MIAMI BEACH, FL 33139**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: JONES, PATRICK
Address: 1602 ALTON RD #6
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** DVP (X) Change () Addition
Name: KAUDERER, MALLORY
Address: 1602 ALTON RD #6
City-St-Zip: MIAMI BEACH, FL 33139**Title:** S (X) Change () Addition
Name: LEAVITT, DONITA
Address: 1602 ALTON RD #6
City-St-Zip: MIAMI BEACH, FL 33139**Title:** DVP () Change (X) Addition
Name: GOUTY, PATRICE
Address: 1602 ALTON RD #6
City-St-Zip: MIAMI BEACH, FL 33139

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: PATRICK JONES

DP

08/25/2009

Electronic Signature of Signing Officer or Director

Date