2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003609

FILED Apr 19, 2006 Secretary of State

Entity Name: HELENE MARIE CONDDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1050 JEFFERSON AVE. MIAMI BEACH, FL 33139

Current Mailing Address: New Mailing Address:

C/O BLUE SKY MIAMI C/O REGATTA REAL ESTATE MGMT, INC. 820 EUCLID AVE STE 104 309 23RD STREET #300 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139

FEI Number: 65-1013311 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOMEZ, MICHAEL 1930 TYLER ST

MIAMI BEACH, FL 33020 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

LACHMUND, LEE LACHMUND, LEE Name: Name: 10 W. 15TH ST., #1026 Address: 1054 JEFFERSON AVENUE Address: City-St-Zip: NEW YORK, NY 10011 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Title: (X) Change () Addition Name: BEACH, ANTHONY Name: VILLEGAS, ALEXANDRA

Address: 1052 JEFFERSON AVE. Address: 1052 JEFFERSON AVE. City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

Title: () Delete Title: SD (X) Change () Addition LLORETT, ED Name: LAKE, KIMBERLEY Name:

1050 JEFFERSON AVE 1056 JEFFERSON AVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139

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: ALEXANDRA VILLEGAS PD 04/19/2006