

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004738

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: SOUTH MIAMI AVENUE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

601 BRICKELL KEY DRIVE SUITE 705  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

C/O VEATER  
41 SW 18TH TERRACE  
MIAMI, FL 33129 US

**New Mailing Address:**

FEI Number: 65-1047682      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

DE LA PENA & ASSOCIATES, LLP  
601 BRICKELL KEY DRIVE SUITE 705  
MIAMI, FL 33131 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: VEATER, COLIN D MR  
Address: 41 SW 18TH TERRACE  
City-St-Zip: MIAMI, FL 33129

Title: S ( ) Delete  
Name: RUSSELL, STEPHANIE MRS  
Address: 51 SW 22ND STREET  
City-St-Zip: MIAMI, FL 33129

Title: VP ( ) Delete  
Name: MCCABE, ROBERT DR.  
Address: 1601 SOUTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33129

Title: T ( ) Delete  
Name: BORJA, PAUL MR  
Address: 1815 SOUTH MIAMI AVENUE  
City-St-Zip: MIAMI, FL 33129

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: RUSSELL, EDWARD MR  
Address: 51 SW 22ND STREET  
City-St-Zip: MIAMI, FL 33129

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

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

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: COLIN VEATER

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date