## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # N00000006912**

1. Entity Name

THE FIRST CONDOMINIUM BUILDING ASSOCIATION, INC.



Principal Place of Business

13155 SW 42 ST. SUITE 200 MIAMI, FL 33175 Mailing Address

13155 SW 42 ST. SUITE 200 MIAMI, FL 33175

## FILED Apr 29, 2005 8:00 am Secretary of State

04-29-2005 90256 014 \*\*\*150.00

14009637



04252005 No Chg-NP

CR2E037 (10/03)

4. FEI Number 65-1080138 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROMAN, EDWARDO S 13155 SW 42TH STREET #200 MIAMI, FL 33175

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8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financ     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUBERO, JUAN 13800 SW 8 STREET #136 MIAMI, FL 33184				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ROMAN, EDWARDO S 13155 SW 42TH ST.#200 MIAMI, FL 33175				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERANANDEZ, ANN MARIE 13155 SW 42 STREET #106 MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR