

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90223 033 ****61.25

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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

DO NOT WRITE IN THIS SPACE



03012007 No Chg-NP

CR2E037 (4/06)

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, EDUARDO 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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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, EDUARDO 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-07