

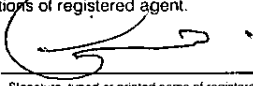
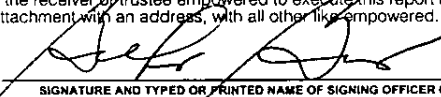


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90031 046 \*\*\*\*61.25

<b>DOCUMENT # N00000008250</b> 1. Entity Name 16700 CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2500 N W 97 AVE STE 200 MIAMI, FL 33172			Mailing Address 2500 N W 97 AVE STE 200 MIAMI, FL 33172		
2. Principal Place of Business <i>SPM Group Inc</i>		3. Mailing Address <i>2200 NW 102 one</i>			
Suite, Apt. #, etc. <i>5</i>		Suite, Apt. #, etc. <i>5</i>			
City & State <i>Miami FL 33172</i>		City & State <i>Miami FL 33172</i>			
Zip <i>33172</i>	Country <i>Miami-Dad</i>	Zip <i>33172</i>	Country <i>Miami-Dad</i>		
4. FEI Number 65-1083389				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  SPM GROUP 2500 N W 97 AVE STE #200 MIAMI, FL 33172			7. Name and Address of New Registered Agent Name <i>SPM Group Inc</i> Street Address (P.O. Box Number is Not Acceptable) <i>2200 NW 102 one #5</i> City <i>Miami</i> FL Zip Code <i>33172</i>		
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  <div style="float: right; text-align: right;">           DATE _____  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CITRONNELLE, JESUS 16700 NW 55 AVE #2 MIAMI, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CITRONNELLE, TERRESA 16700 NW 55 AVE #4 MIAMI, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CADIZ, ROLANDO 16700 NW 55 AVE #12 MIAMI, FL 33055	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  <div style="float: right; text-align: right;">           Date <i>1-27-06</i> (305) 444-6757            Daytime Phone #         </div>					