

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90031 004 ****61.25

DOCUMENT # N00000008250
 1. Entity Name
 16700 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 SPM GROUP INC. 2500 N W 97 AVE 2200 NW 102 AVE
 STE 200 SUITE 5
 MIAMI, FL 33172 MIAMI, FL 33172

40008273



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 16700 NW 55 ave 2011 W. 62 street
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01292007 Chg-NP CR2E037 (12/06)

City & State City & State
 Miami, FL Hialeah, FL
 Zip Country Zip Country
 33055 USA 33016 USA.

4. FEI Number Applied For
 65-1083389 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SPM GROUP INC.
 2200 NW 102 AVE
 SUITE 5
 MIAMI, FL 33172

7. Name and Address of New Registered Agent
 Name: American Management + Realty, Inc.
 Street Address (P.O. Box Number is Not Acceptable):
 2011 W. 62 Street
 City: Hialeah FL Zip Code: 33016

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]* DATE: 1/29/07
Signature, typed or printed name of Registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign Financing Trust Fund Contribution. \$5.00 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CITRONNELLE, TERESA 16700 NW 55 AVE #4 MIAMI, FL 33055 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Citronnelle, Teresa <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 address, with all of the above empowered.

SIGNATURE: *[Signature]* DATE: 1/29/07 305-558-9820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #