2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008571

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI BEACH, FL 33139

842 MERIDIAN AVE. #1C

MIAMI BEACH, FL 33139

RUBIO, PATRICIA

(X) Delete

FILED Apr 01, 2005 Secretary of State

Entity Name: THE PATRICIA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 842 MERIDIAN AVE. #2A MIAMI BEACH, FL 33139 **New Mailing Address: Current Mailing Address:** 842 MERIDIAN AVE. MIAMI BEACH, FL 33139 FEI Number: 30-0098108 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DENNIS, KEVIN 842 MERIDIAN AVE. #2A MIAMI BEACH, FL 33139 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GASTILLO, IRELA CASTILLO, IRELA Name: Name: 842 MERIDIAN AVE. #1D Address: 842 MERIDIAN AVE. #1D Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: MIAMI BEACH, FL 33139 Title: Title: () Delete () Change () Addition Name: GASULLA, CHRISTOPHER Name: Address: 842 MERIDIAN AVE. #2E Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: S-T (X) Change () Addition DENNIS, KEVIN DENNIS, KEVIN Name: Name: 842 MERIDIAN AVE. #2A 842 MERIDIAN AVE. #2A Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI BEACH, FL 33139

() Change () Addition

SIGNATURE: IRELA CASTILLO PRES 04/01/2005