


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90081 035 ****61.25

DOCUMENT # N01000001949			
1. Entity Name 600 MICHIGAN CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139		Mailing Address 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address 318 78th STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State NORTH BERGEN, NJ	
Zip	Country	Zip	Country
		07047	USA
4. FEI Number 65-1088714		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARTINEZ, DORA 600 MICHIGAN AVENUE MIAMI BEACH, FL 33139		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	TITLE	
NAME	ALESPEITI, DAPHNE	NAME	
STREET ADDRESS	600 MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	ALESPEITI, GABRIEL	NAME	
STREET ADDRESS	600 MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	MARTINEZ, DORA	NAME	
STREET ADDRESS	600 MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	NUVIOLA, MIRTA	NAME	
STREET ADDRESS	600 MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	AVD	TITLE	
NAME	LONDON, OTILIA	NAME	
STREET ADDRESS	600 MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Daphne Alespeiti</i>		3/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	