2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State
01-12-2004 90026 013 ****61.25

DOCUMENT # N01000003393

1. Entity Name
ANTILLA PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
45 ANTILLA ~~PLACE~~ CORAL GABLES, FL 33134	45 ANTILLA ~~PLACE~~ CORAL GABLES, FL 33134

01062004 Chg-NP CR2E037 (10/03)

(2) Principal Place of Business		(3) Mailing Address	
Suite, Apt. #, etc. 45 ANTILLA AVE		Suite, Apt. #, etc. 45 ANTILLA AVE	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1109609 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

(6) Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONTRERAS, GILBERT A ESQ. 45 ANTILLA PLACE CORAL GABLES, FL 33134	Name SCHWANK-HASBANI, VALERIE Street Address (P.O. Box Number is Not Acceptable) 45 ANTILLA AVE #3C City CORAL GABLES FL Zip Code 33134

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 Valerie Schwank-Hasbani Valerie Schwank-Hasbani
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, 2004

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 SCHANK-HASBANI, VALERIE 45 ANTILLA ~~PLACE~~, #3C CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 45 ANTILLA AVE #3C
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RIVERO, ROSA 45 ANTILLA ~~PLACE~~, #21 CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 45 ANTILLA AVE #2L
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MILITELLO, ELSA 45 ANTILLA ~~PLACE~~, #2K CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 45 ANTILLA AVE #2K
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BELL, DARRYL 45 ANTILLA ~~PLACE~~, #1J CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 45 ANTILLA AVE #1J
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Rosa M Rivero ROSA M RIVERO 1/8/03 305-460 6556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #