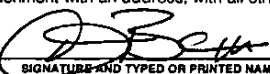


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90043 003 ****61.25

DOCUMENT # N01000003393 1. Entity Name ANTILLA PLACE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 45 ANTILLA AVE CORAL GABLES, FL 33134			Mailing Address 45 ANTILLA AVE CORAL GABLES, FL 33134		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
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		
SCHWANK-HASBANI, VALERIE 45 ANTILLA AVE CORAL GABLES, FL 33134			Name — BELL, DARRYL Street Address (P.O. Box Number is Not Acceptable) 45 ANTILLA AVE #1J City CORAL GABLES FL 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 		DATE 01/05/05 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		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 AVE #3C CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RIVERO, ROSA 45 ANTILLA AVE #2L CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILITELLO, ELSA 45 ANTILLA AVE #2K CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BELL, DARRYL 45 ANTILLA AVE #15 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 45 ANTILLA AVE #1J ☒ Change ☐ Addition	
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: 		DATE 01/05/05 Daytime Phone #		305 799 3986	