2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000004004

Entity Name
 1551 CONDOMINIUM ASSOCIATION, INC.

FILED Apr 17, 2006 08:00 AM Secretary of State

Principal Place of Business

MIAMI BEACH, FL 33139

Mallina Address

1551 LENOX AVE

1551 LENOX AVE

#7

#2

MIAMI BEACH, FL 33139



DO NOT WRITE IN THIS SPACE

03032006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-1114540 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAUTISTA-HARDMAN, SHUMAYA 1551 LENOX AVE #2

MIAMI BEACH, FL 33139

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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, typed or printed mame of registered agent and their applicable.

(NDTE: Registered Agent signature required when revisitating)

DATE

Filing Fee is \$61.25 Due by May 1, 2006 Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS DILE NAME CARVALHO, CAMILA STREET ADDRESS 1551 LENOX AVE. #7 C/TY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME BAUTISTA-HAROMAN, SHUMAYA STREET ADDRESS 1551 LENOX AVE #2 DITY-ST-ZP MIAMI BEACH, FL 33139 717t F SEAVY, RICHARD STRLL I ADDRESS 1551 LENOX AVE #1 CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS CITY-ST-DP TITLE

U00000515558 04/29/06-80216-003 61.25

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12. Thereby certify that the information supplied with this filling 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 each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 817. 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OF PRINTE! RANGE SIGNING

PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

4/13/06

315-695 8830

Daytima Phone #