2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007
Secretary of State

DOCUMENT# N01000004004

Entity Name: 1551 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1551 LENOX AVE
#2
MIAMI BEACH, FL 33139

New Principal Place of Business:

1551 LENOX AVE
#7
MIAMI BEACH, FL 33139

Current Mailing Address:

1551 LENOX AVE
#2
MIAMI BEACH, FL 33139

New Mailing Address:

1551 LENOX AVE
#7
MIAMI BEACH, FL 33139

FEI Number: 65-1114540 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUTISTA-HARDMAN, SHUMAYA
1551 LENOX AVE
#2
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

CARVALHO, CAMILA
1551 LENOX AVE
#7
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: CAMILA CARVALHO 01/12/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CARVALHO, CAMILA
Address: 1551 LENOX AVE. #7
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: BAUTISTA-HARDMAN, SHUMAYA
Address: 1551 LENOX AVE #2
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: SEAVY, RICHARD
Address: 1551 LENOX AVE #1
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: MAX, MALINKA
Address: 1551 LENOX AVE #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CAMILA CARVALHO D 01/12/2007
Electronic Signature of Signing Officer or Director Date