2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005170

Entity Name: ESPANOLA WAY ASSOCIATION, INC.

FILED Apr 18, 2004 Secretary of State

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Current P	rincipal Place	e of Business:	New Prince	New Principal Place of Business:		
	NOLA WAY ACH, FL 3313	9		1438 WASHINGTON AVENUE MIAMI BEACH, FL 33139		
Current M	lailing Addre	ss:	New Mail	New Mailing Address:		
	N MARINO DR ACH, FL 3313			1438 WASHINGTON AVENUE MIAMI BEACH, FL 33139		
FEI Number	: 65-1137668	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status De	esired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Age	nt:	
200 SE 13	G, FRANK R TH STREET ERDALE, FL 3	3316 US	831 10TH STE. 11	JAMIESON, LAURA A 831 10TH STREET STE. 11 MIAMI BEACH, FL 33139 US		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing	ts registered office or registered age	ent, or both,	
SIGNATURE: LAURA JAMIESON				04/18/2004		
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	PD (POLANSKY, L 1438 WASHIN MIAMI BEACH	GTON AVE	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VPD (KAUDERER, M 500 15 STREE MIAMI BEACH	Т	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	VPD (EFRATI, MARC 429 ESPANOL MIAMI BEACH	A WAY	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	T (MENDEZ, VIVA 438 ESPANOL MIAMI BEACH	A WAY	Title: Name: Address: City-St-Zip:	S/T (X) Change () Addition MENDEZ, VIVAN 438 ESPANOLA WAY MIAMI BEACH, FL 33139		
Title: Name: Address: City-St-Zip:	S (TOMLIN, CLAI 438 ESPANOL MIAMI BEACH	A WAY	Title: Name: Address: City-St-Zip:	ED (X) Change () Addition JAMIESON, LAURA A 831 10TH STREET, STE. 11 MIAMI BEACH, FL 33139		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LAURA JAMIESON DIR 04/18/2004