


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90061 017 ****61.25

DOCUMENT # N01000005170 1. Entity Name ESPANOLA WAY ASSOCIATION, INC.	
--	---

Principal Place of Business 432 ESPANOLA WAY MIAMI BEACH, FL 33139	Mailing Address 432 ESPANOLA WAY MIAMI BEACH, FL 33139
--	--

DO NOT WRITE IN THIS SPACE



01272005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1137668	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COHEN, ANDREW S 432 ESPANOLA WAY MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COHEN, ANDREW S 432 ESPANOLA WAY MIAMI BEACH, FL 33139 <i>900D</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUNN, MELISSA 230 5TH STREET MIAMI BEACH, FL 33139 <i>900D</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOARD MEMBER DINARI, HARRIET 411 ESPANOLA WAY MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOARD MEMBER SLEEPER, JON 600 15TH STREET MIAMI BEACH, FL 33139 <i>JUDY OZER 415 ESPANOLA WAY</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EXECUTIVE DIRECTOR VITA, MICHAEL 432 ESPANOLA WAY MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER STEVE REHAGG 419-B ESPANOLA WAY MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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: *X Andrew S Cohen* *X 3/29/05* *X 305 531 5322*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____