2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2006
Secretary of State

DOCUMENT# N01000005170

Entity Name: ESPANOLA WAY ASSOCIATION, INC.

Current Principal Place of Business:

432 ESPANOLA WAY
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

432 ESPANOLA WAY
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 65-1137668 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, ANDREW S
432 ESPANOLA WAY
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: COHEN, ANDREW S
Address: 432 ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete
Name: DUNN, MELISSA
Address: 230 5TH STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: MBR ( ) Delete
Name: DINARI, HARRIET
Address: 411 ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MBR ( ) Delete
Name: OZER, JUDY
Address: 415 ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: VITA, MICHAEL
Address: 432 ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MBR ( ) Delete
Name: REHALE, STEVE
Address: 419-B ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ED (X) Change ( ) Addition
Name: VITA, MICHAEL
Address: 432 ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139

Title: MBR (X) Change ( ) Addition
Name: PERGAMENT, BARBARA
Address: 512 ESPANOLA WAY
City-St-Zip: MIAMI BEACH, FL 33139

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: MICHAEL VITA ED 02/11/2006

Electronic Signature of Signing Officer or Director — Date