

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005170

FILED  
Apr 17, 2009  
Secretary of State

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: KING, CHRISTINE  
Address: 438 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:

I hereby certify that the information supplied with this filing does not qualify 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: ANDREW S COHEN

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date