2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004248

FILED Apr 30, 2006 Secretary of State

Entity Name: TRIBECA CONDOMINIUM ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** BEACHWAY PROPERTY MANAGEMENT 1935 WEST AVE SUITE 203 MIAMI BEACH, FL 33139 PO BOX 398719 MIAMI BEACH, FL 33239 **Current Mailing Address:** New Mailing Address: PO BOX 398719 309 23RD STREET #300 MIAMI BEACH, FL 33239 MIAMI BEACH, FL 33139 FEI Number: 11-3644536 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REGATTA REAL ESTATE MANAGMENT BEACHWAY PROPERTY MANAGEMENT 309 23RD STREET PO BOX 398719 #300 MIAMI BEACH, FL 33239 US 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: ROBERT TAPPAN, CAM 04/30/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete RASNICK, STEVE Name: Name: 1035 15TH STREET Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition Name: WOLFE, JOHNANNA Name: Address: 1035 15TH STREET Address: City-St-Zip: MIAMI BEACH, FL 33139 City-St-Zip: Title: () Delete Title: () Change () Addition HANNAG, TAMARA Name: Name: 1500 MICHIGAN AVE Address: Address: City-St-Zip: MIAMI BEACH, FL 33139 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: TAMARA HANNAG D 04/30/2006