2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N02000004248

Entity Name: TRIBECA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1500 MICHIGAN AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BEACHWAY PROPERTY MANAGEMENT
P.O. BOX 398718
MIAMI BEACH, FL 33239

New Mailing Address:

FEI Number: 11-3644536 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BEACHWAY PROPERTY MANAGEMENT
1234 WASHINGTON AVENUE
#303
MIAMI BEACH, FL 33129 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 (X) Delete
Name: DANGAR, COREY
Address: 1508 MICHIGAN AVE #4
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete
Name: COLDEN, TRACY
Address: 1501 VAN BUREN ST.
City-St-Zip: WASHINGTON, DC 20012

Title: S ( ) Delete
Name: BURNS, AARON
Address: 1057 15TH STREET # 24
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/T (X) Change ( ) Addition
Name: COLDEN, TRACY
Address: 1501 VAN BUREN ST.
City-St-Zip: WASHINGTON, DC 20012

Title: P (X) Change ( ) Addition
Name: BURNS, AARON
Address: 1057 15TH STREET # 24
City-St-Zip: MIAMI BEACH, FL 33139

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: AARON BURNS P 01/20/2009

Electronic Signature of Signing Officer or Director — Date