

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005619

FILED  
Apr 11, 2005  
Secretary of State

Entity Name: ST. CROIX COMMERCIAL CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD PH2  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2121 PONCE DE LEON BLVD PH  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2121 PONCE DE LEON BLVD PH2  
CORAL GABLES, FL 33134

**New Mailing Address:**

2121 PONCE DE LEON BLVD PH  
CORAL GABLES, FL 33134

FEI Number: 04-3697925

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

REGISTERED AGENTS OF FLORIDA, LLC  
100 SE SECOND STREET  
SUITE 2900  
MIAMI, FL 331312130 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: DVC ( ) Delete  
Name: LOPEZ, JORGE  
Address: 2121 PONCE DE LEON BLVD PH2  
City-St-Zip: CORAL GABLES, FL 33134

Title: DVPS ( ) Delete  
Name: MADES, MARA  
Address: 2121 PONCE DE LEON BLVD PH2  
City-St-Zip: CORAL GABLES, FL 33134

Title: DPAS ( ) Delete  
Name: WOLFE, LEON J  
Address: 2121 PONCE DE LEON BLVD PH2  
City-St-Zip: CORAL GABLES, FL 33134

Title: DCH ( ) Delete  
Name: MEYERS, STUART I  
Address: 2121 PONCE DE LEON BLVD PH2  
City-St-Zip: CORAL GABLES, FL 33134

**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 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 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: LEON J. WOLFE

P

04/11/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date