2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 31, 2003 8:00 am **Secretary of State** DOCUMENT # N0200006278 03-17-2003 90116 035 ****61.25 1. Entity Name 1525 PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 1450 MERIDIAN AVE STE 9 1450 MERIDIAN AVE STE 9 MIAMI BEACH FL 33139 MIAMI BEACH FL 33139 2. Principal Place of Business 3. Mailing Address 300 Allon Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State FEI Number 14-3074548 <u>w</u>nni Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee:Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRISKEN REAL ESTATE MANAGEMENT COMPANYING Street Address (P.O. Box Number is Not Acceptable) 1450 MERIDIAN AVE STE 9 MIAMI BEACH FL 33139 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE . DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May 8e Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Change ☐ Addition TITLE TITLE CHRISTOPH, ROBERT W NAME NAME STREET ADDRESS 300 ALTON RD STE 303 STREET ADDRESS MIAMI BEACH FL 33139 CITY-ST-ZIP CITY-ST-ZIP -- Change ■ Addition TITLE " Delete TITLE CHRISTOPH, ROBERT W JR NAME NAME STREET ADDRESS STREET ADDRESS 300 ALTON RD STE 303 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 DVST TITLE Delete TITLE ☐ Change Addition FITZGERALD. JILL -- -NAME NAME STREET ADDRESS 1450 MERIDIAN AVE STE 9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33139 ☐ Delete TITLE Change ■ Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental poor is true and accurate and that my 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 trueses empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other integration of the receiver of the corporation of the receiver of trueses.

TITLE

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

3/11/03

Change

☐ Addition

FILED