2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 16, 2007 8:00 am Secretary of State

02-16-2007 90043 027 ****61.25



DOCUMENT # N03000000489 360 CONDOMINIUM B ASSOCIATION, INC. 40019524 Principal Place of Business Mailing Address 730 NW 107 AVE 4TH FLOOR 730 NW 107 AVE 4TH FLOOR MIAMI, FL 33172 MIAMI, FL 33172 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E037 (12/06) City & State City & State Applied For 4. FEI Number 05-0551803 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>nnar Developers</u> PATRICIA KIMBALL FLETCHER, P.A. Street Address (P.O. Box Number is Not Acceptable) C/O DUANE MORRIS, LLP 200 S BISCAYNE BLVD, STE 3400 MIAMI, FL 33131 730 NW 107th avenue, 4th Miami, FL 8. The above named ent ly submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of regi SIGNATURE gistered Agent signature required when reinstating) 9. Election C Make check payable to Filing Fee is \$61.25 npaign Financing \$5.00 May Be Trust Euno Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS Delele TITLE TITLE Change Rociriquez, Angel R. 730 NW 107th Avenue, 4th FL HENDERSON, MERCEDES NAME NAME STREET ADDRESS 730 NW 107 AVE 4TH FLOOR STREET ADDRESS MIAMI, FL 33172 Miam; FL 33172 CITY-ST-ZIP CITY - ST-ZIP VD Delete DST TITLE TITLE ☐ Change **1** Addition Herrera, Maria Carulina AVILA, MIGUEL NAME NAME 730 NW 107th Avenue, 4th FL 730 NW 107 AVE 4TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33172 CITY-ST-ZIP Miami, FL 33172 D۷ Addition ☐ Change TITLE TILLE HOlland, Rachel 730 NW 1011 Avenue NAME MCPHERSON, GREG NAME STREET ADDRESS 730 NW 107 AVE 4TH FLOOR STREET ADDRESS MICIMI FL 33172 CITY-SE-ZIP MIAMI, FL 33172 CITY ST-ZIP TITLE ☐ Delete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-S1-ZIP TITLE Delete THE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY S1-ZIP TITLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. If further certify that the information indicated on this report or supplemental report 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 trustee 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 like empowered.

SIGNATURE:	Q/ N	19pm4	Rodriguez	()11/07	
	SIGNATURE AND TYPED OR F	RINTED NAME OF S	SIGNING OFFICER OR DIRECTO	R Date	Daytime Phone #
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