


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2004 8:00 am
Secretary of State

03-19-2004 90060 019 ****70.00

DOCUMENT # N03000000949
 1. Entity Name
THE ASTON CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2601 S. BAYSHORE DR., STE. 1000 **2601 S. BAYSHORE DR., STE. 1000**
MIAMI FL 33133 **MIAMI FL 33133**

2. Principal Place of Business 3. Mailing Address
3000 Coral Way **3000 Coral Way**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Florida **Miami, Florida**
 Zip Country Zip Country
33145 **Dade.** **33145** **Dade**

4. FEI Number Applied For
05-0574201 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required



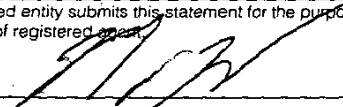
MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

GARCIA, FERNANDO
2601 S. BAYSHORE DR., STE. 1000
MIAMI FL 33133

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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)


FILE NOW - FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TROY, MARK 2601 S. BAYSHORE DR., STE. 1000 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Mark Troy 3000 Coral Way Miami, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BONET, VIVIAN 2601 S. BAYSHORE DR., STE. 1000 MIAMI FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Julia, Ai 3000 Coral Way Miami, FL 33145 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PEREZ, ESTRELLA 2601 S. BAYSHORE DR., STE. 1000 MIAMI FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Estrella Perez 3000 Coral Way Miami, FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date Daytime Phone #