


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90054 032 ****70.00

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



Principal Place of Business Mailing Address
3000 CORAL WAY **3000 CORAL WAY**
MIAMI FL 33145 **MIAMI FL 33145**

JU01470J



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
GARCIA, FERNANDO
2601 S. BAYSHORE DR., STE-1000
MIAMI FL 33133

7. Name and Address of New Registered Agent
 Name: **Stuart I Grossman**
 Street Address (P.O. Box Number, is Not Acceptable): **Lew Cardenas, LLP**
1441 Brickell Avenue, 15th Floor
 City: **Miami** FL Zip Code: **33131-3407**

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: Stuart I. Grossman DATE: 1/31/05
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TROY, MARK	
STREET ADDRESS	3000 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	JULIA, AI	
STREET ADDRESS	3000 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	PEREZ, ESTRELLA	
STREET ADDRESS	3000 CORAL WAY	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carmen Faneago	
STREET ADDRESS	3000 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey A. Corene	
STREET ADDRESS	3000 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Troy	
STREET ADDRESS	3000 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	STD Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raul Espinoza	
STREET ADDRESS	3000 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frank Castro	
STREET ADDRESS	3000 Coral Way	
CITY-ST-ZIP	Miami, FL 33145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: Carmen Faneago, as President DATE: 1/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #