


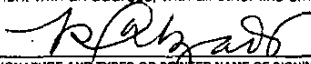
**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90031 015 \*\*\*\*61.25

**60016236**



<b>DOCUMENT # N03000000949</b>					
1. Entity Name THE ASTON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3000 CORAL WAY MIAMI, FL 33145		Mailing Address 3000 CORAL WAY MIAMI, FL 33145			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 05-0574201	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GROSSMAN, STUART I TOW CARDINAS, LLP 1441 BRICKELL AVENUE, 15TH FLOOR MIAMI, FL 33131-3407			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FANEGO, CARMEN		NAME	JOSE QUINTERO	
STREET ADDRESS	3000 CORAL WAY		STREET ADDRESS	3000 SW 22 ST	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRENE, JEFFREY A		NAME	STUART HYDEN	
STREET ADDRESS	3000 CORAL WAY		STREET ADDRESS	3000 SW 22 ST	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROY, MARK		NAME		
STREET ADDRESS	3000 CORAL WAY		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPINOZA, RAUL		NAME	STUART HYDEN	
STREET ADDRESS	3000 CORAL WAY		STREET ADDRESS	3000 SW 22 ST	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	MIAMI, FL 33145	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTRO, FRANK		NAME	RAMONA CALZADO	
STREET ADDRESS	3000 CORAL WAY		STREET ADDRESS	3000 SW 22 ST	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	MIAMI, FL 33145	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 119, 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: 		Date: 2/14/06		Daytime Phone #: 305-4610344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					