2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006
Secretary of State

DOCUMENT# N03000001220

Entity Name: ABSOLUT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

245 MICHIGAN AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

6925 NW 42 ST
MIAMI, FL 33166

New Mailing Address:

P.O. BOX 402507
MIAMI BEACH, FL 33140

FEI Number: 20-0897179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERMAN, THOMAS G
218 ALMERIA AVE
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

COMPLETE PROPERTY MGMT.
3550 BISCAYNE BLVD.
SUITE 401
MIAMI, FL 33137 US

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.

SIGNATURE: RAY HICKS 04/06/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HARARI, ERIC
Address: 3380 MCDONALD STREET
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: CARNESELLA, BRUNO
Address: 3380 MCDONALD STREET
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: SCATTARREGGIA, PAOLA
Address: 3380 MCDONALD STREET
City-St-Zip: MIAMI, FL 33133

Title: D (X) Delete
Name: LEISER, ANDRES
Address: 3380 MCDONALD STREET
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ELLIOT, TRACY
Address: 245 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP (X) Change ( ) Addition
Name: MANHIRE, KATIE
Address: 245 MICHIGAN AVENUE
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY ELLIOT P 04/06/2006
Electronic Signature of Signing Officer or Director Date