


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 30, 2004 8:00 am**  
**Secretary of State**

06-30-2004 90002 019 \*\*\*\*61.25

**DOCUMENT # N03000005845**

1. Entity Name  
**MILANO AT DEERING BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
 13605 OLD CUTLER RD  
 CORAL GABLES, FL 33158

Mailing Address  
 13605 OLD CUTLER RD  
 CORAL GABLES, FL 33158

**54059332**



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

3. Mailing Address  
 11981 SW 144 Ct  
 Suite, Apt. #, etc. Ste # 201  
 City & State MIAMI, FL  
 Zip Country 33186

06082004 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0140009 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HASTINGS, VIVIEN N**  
 24301 WALDEN CENTER DR #300  
 BONITA SPRINGS, FL 34134

7. Name and Address of New Registered Agent  
 Name **SKRLD, INC.**  
 Street Address (P.O. Box Number is Not Acceptable)  
 201 ALHAMBRA CIRCLE, #1102  
 City **CORAL GABLES** FL Zip Code **33134**

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 *Helis De... [Signature]* DATE **6-25-04**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **September 8, 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	DP DRUMMOND, PAUL B 24301 WALDEN CTR DR STE 300 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. MANNY MILLOR 13621 DEERING BAY DR. # 804 CORAL GABLES, FL 33158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HANLON, CHRISTOPHER J 24301 WALDEN CTR DR STE 300 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. RICARDO WEISZ 13621 DEERING BAY DR., #101 CORAL GABLES, FL 33158 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TIEBOUT-TOURON, MARCIENNE 24301 WALDEN CTR DR STE 300 BONITA SPRINGS, FL 34134 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREAS. ROBERT HAYNES 13621 DEERING BAY DR., #1001 CORAL GABLES, FL 33158 <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	Sec. BERNARD HARRIS 13621 DEERING BAY DR., #1104 CORAL GABLES, FL 33158 <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARRY OSWATH 13621 DEERING BAY DR., #904 CORAL GABLES, FL 33158
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

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: \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR