

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 07, 2009
Secretary of State**

DOCUMENT# N03000005845

Entity Name: MILANO AT DEERING BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:13621 OLD CUTLER RD
3000
CORAL GABLES, FL 33158**New Principal Place of Business:****Current Mailing Address:**11981 SW 144 CT STE #201
MIAMI, FL 33186**New Mailing Address:**

FEI Number: 20-0140009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:SKRLD, INC.
201 ALHAMBRA CIRCLE, #1102
CORAL GABLES, FL 33134 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:**Title: S/D () Delete
Name: WEISZ, RICARDO
Address: 13621 DEERING BAY DR., #101
City-St-Zip: CORAL GABLES, FL 33158Title: T/D () Delete
Name: MAYNES, ROBERT
Address: 13621 DEERING BAY DR #1001
City-St-Zip: CORAL GABLES, FL 33158Title: D () Delete
Name: DIENER, KURT
Address: 13621 DEERING BAY DR 702
City-St-Zip: MIAMI, FL 33158Title: P/D () Delete
Name: BRODIE, GRALDINE
Address: 13621 DEERING BAY DR.
City-St-Zip: CORAL GABLES, FL 33158Title: V/D () Delete
Name: BARKER, HOWARD
Address: 13621 DEERING BAY DR
City-St-Zip: MIAMI, FL 33158**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: D (X) Change () Addition
Name: THORNTON, JULIE S
Address: 13621 DEERING BAY DR 704
City-St-Zip: MIAMI, FL 33158Title: () 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 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: SUSAN PETERSEN

MGR

05/07/2009

Electronic Signature of Signing Officer or Director_____
Date