

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005845

FILED  
Feb 08, 2011  
Secretary of State

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

**Current Principal Place of Business:**

13621 DEERING BAY DR  
3000  
CORAL GABLES, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

13633 DEERING BAY DR  
10  
CORAL GABLES, FL 33158

**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  
Name: WEISZ, RICARDO  
Address: 13621 DEERING BAY DR., #101  
City-St-Zip: CORAL GABLES, FL 33158

Title: T/D  
Name: MAYNES, ROBERT  
Address: 13621 DEERING BAY DR #1001  
City-St-Zip: CORAL GABLES, FL 33158

Title: D  
Name: THORNTON, JULIE S  
Address: 13621 DEERING BAY DR 704  
City-St-Zip: MIAMI, FL 33158

Title: P/D  
Name: BRODIE, GRALDINE  
Address: 13621 DEERING BAY DR. #202  
City-St-Zip: CORAL GABLES, FL 33158

Title: V/D  
Name: BARKER, HOWARD  
Address: 13621 DEERING BAY DR #903  
City-St-Zip: MIAMI, FL 33158

I hereby 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 all other like empowered.

SIGNATURE: SUSAN PETERSEN

MGR

02/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date