

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006478

FILED
Feb 28, 2007
Secretary of State

Entity Name: MELROSE POINT AT SANS SOUCI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11667 NE 18 DR
N MIAMI, FL 33181

New Principal Place of Business:

11687 NE 18 DRIVE
N MIAMI, FL 33181

Current Mailing Address:

11667 NE 18 DR
N MIAMI, FL 33181

New Mailing Address:

11687 NE 18 DRIVE
N MIAMI, FL 33181

FEI Number: 04-3787060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, OLGA M
2325 BISCAYNE BAY DR
N MIAMI, FL 33181 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: DP () Delete
Name: CORBETT, INGRID
Address: 11667 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

Title: DV () Delete
Name: MARAN, CARLOS
Address: 11653 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

Title: DS () Delete
Name: SAVAGE JAFFE, ROBYN
Address: 11693 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

Title: DT () Delete
Name: GONZALEZ, OLGA M
Address: 2325 BISCAYNE BAY DR
City-St-Zip: N MIAMI, FL 33181

Title: D (X) Delete
Name: SOUZA, EDUARDO
Address: 11673 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

Title: D (X) Delete
Name: GOLDSTEIN, SCOTT D
Address: 11687 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MARAN, CARLOS
Address: 11653 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

Title: DV (X) Change () Addition
Name: GOLDSTEIN, SCOTT
Address: 11687 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

Title: DS (X) Change () Addition
Name: SOUZA, EDUARDO
Address: 11673 NE 18 DR
City-St-Zip: N MIAMI, FL 33181

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

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: OLGA M. GONZALEZ

DT

02/28/2007

Electronic Signature of Signing Officer or Director

Date