

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006523

FILED
May 02, 2007
Secretary of State

Entity Name: ELIZABETH GARDENS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3051 ELIZABETH STREET
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3051 ELIZABETH STREET
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CUMMINS, JEFFREY D
9555 N KENDALL DRIVE SUITE 202
MIAMI, FL 33176 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: PD () Delete
Name: SCHWAB, ERIC
Address: 3130 DAY AVE
City-St-Zip: MIAMI, FL 33133

Title: VSD () Delete
Name: DREW, KATHERINE
Address: 3051 ELIZABETH ST
City-St-Zip: MIAMI, FL 33133

Title: T () Delete
Name: MCCOWEN, LYNN
Address: 3130 DAY AVE
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: DANIELS, MARSHALL
Address: 3121 COMMODORE PLAZA
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: KATHERINE DREW

VSD

05/02/2007

Electronic Signature of Signing Officer or Director

Date