


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008166		
1. Entity Name CHABELA CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 2150 CORAL WAY SIXTH FLOOR MIAMI, FL 33145	Mailing Address 2150 CORAL WAY SIXTH FLOOR MIAMI, FL 33145	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMITH, GARY V ESQ LYONS AND SMITH, P.A. 1230 NW 7 ST MIAMI, FL 33125		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000611946 02/02/07-80088-004 61.25
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOVIO, HECTOR 2150 CORAL WAY 6TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RODRIGUEZ, JERRY 2150 CORAL WAY 6TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOSA, NASARIO 2150 CORAL WAY, 6TH FL MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RODRIGUEZ, JESSICA 2150 CORAL WAY 6TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Hector Lovio</i></u> HECTOR LOVIO <u>1/25/07</u> <u>305-858-5620</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		