2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2009
Secretary of State

DOCUMENT# N03000008166

Entity Name: CHABELA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2150 CORAL WAY
SIXTH FLOOR
MIAMI, FL 33145

New Principal Place of Business:

2150 CORAL WAY
SUITE 6-A
MIAMI, FL 33145

Current Mailing Address:

2150 CORAL WAY
SIXTH FLOOR
MIAMI, FL 33145

New Mailing Address:

2150 CORAL WAY
SUITE 6-A
MIAMI, FL 33145

FEI Number: 16-1692659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, GARY V ESQ
LYONS AND SMITH, P.A.
1230 NW 7 ST
MIAMI, FL 33125 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: SD ( ) Delete
Name: LOVIO, HECTOR
Address: 2150 CORAL WAY 6TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: VD ( ) Delete
Name: RODRIGUEZ, JERRY
Address: 2150 CORAL WAY 6TH FLOOR
City-St-Zip: MIAMI, FL 33145

Title: PD ( ) Delete
Name: SOSA, NASARIO
Address: 2150 CORAL WAY, 6TH FL
City-St-Zip: MIAMI, FL 33145

Title: TD ( ) Delete
Name: RODRIGUEZ, JESSICA
Address: 2150 CORAL WAY 6TH FLOOR
City-St-Zip: MIAMI, FL 33145

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: HECTOR LOVIO SD 01/30/2009

Electronic Signature of Signing Officer or Director — Date