12007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT,

1. Entity Name THE ROADS AT 21ST CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business Mailing Address 3400 CORAL WAY FLOOR 5 3400 CORAL WAY FLOOR 5	3007 AUG - 7 AM 10: 43 SECRETARY OF STATE
CORAL GABLES, FL 33146 CORAL GABLES, FL 33146	TALLAHASSEE FLORIDA
2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. Development UANAGenese	
Suite, Apt. #, etc.	05292007 Chg-NP CR2E037 (12/06)
Wing State Wing Florida Wing Florida	4. FEI Number Applied For 20-3385466 Not Applicable
33129 Country 33Zin SS Country 6. Name and Address of Current Registered Agent	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET Name Property Llanda ement Street Address P.O. Box Number is Not Acceptable)	
SUITE 2000 MIAMI, FL 33131	COIAL WAY
8. The above named entity submits this statement for the purpose of changing its registered office or re-	Stered agent or both in the State of Florida. Lam familiar with and accent
the obligations of registered agent.	
SIGNATURE Signature, typed or printed rame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State	
10. OFFICERS AND DIRECTORS 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD Delete TITLE NAME VELEZ, LUIS STREET ADDRESS 3400 CORAL WAY 5TH FLOOR STREET ADDRESS STREET ADDRESS	PANIEL WAITE Schange Addition
CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE VSTD Delete TITLE	ALAMI EL 20135
NAME POSE, MANUEL STREET ADDRESS 3400 CORAL WAY 5TH FL STREET ADDRESS 2	199 COVATUS AL
	M: Ami, FC 30100 Addition Appropriate Emiliani Change Addition Appropriate Change Addition
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	49 toral WAY 1. Ami, FC 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEPHEN R. IVENSON Change Addition
TITLE NAME STREET ADDRESS TITLE NAME STREET ADDRESS	□ Change □ Addition □ Change □
CITY-ST-ZIP CITY-ST-ZIP TITLE ITLE NAME . NAME . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with the 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 employeed to execute this report is required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Description Phone *	