2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N04000000920

Entity Name: THE ALLIAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1428 WEST AVE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O DEVAN MCNALLY, LCAM
8606 WHITE CAY
WEST PALM BEACH, FL 33411

New Mailing Address:

BLUE SKY MIAMI
1680 MICHIGAN AVE STE 908
MIAMI BEACH, FL 33139

FEI Number: 74-3113829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RENE, MELTZER
11098 BISCAYNE BLVD, STE 201
MIAMI, FL 33161 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: D ( ) Delete
Name: YOUNG, WILLIAM B
Address: 1428 WEST AVE # 406
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: BRITT, SEAN
Address: 1428 WEST AVE # 204
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete
Name: SMITH, CRAIG T
Address: 1428 WEST AVE # 202
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: MGR ( ) Change (X) Addition
Name: ESTEVES, SEAN
Address: 1680 MICHIGAN AVE, STE 908
City-St-Zip: MIAMI BEACH, FL 33139

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: RM SHEINER MGR 01/05/2009
Electronic Signature of Signing Officer or Director — Date