

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-11-2008 90045 030 ****61.25

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1. Entity Name
NIRVANA CONDOMINIUM NO. ONE ASSOCIATION, INC.



Principal Place of Business
**680 NORTHEAST 63RD STREET
MIAMI, FL 33138**

Mailing Address
**705 NORTHEAST 63RD STREET
MIAMI, FL 33138**

66012255



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03312008 Chg-NP

CR2E037 (12/06)

4. FEI Number
20-0937209

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, AARON
150 E PALMETTO PK RD, STE 110
BOCA RATON, FL 33432**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$81.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	P EULL, TED	☒ Delete
STREET ADDRESS CITY - ST - ZIP	680 NE 64TH ST, UNIT A 409 MIAMI, FL 33138	
TITLE NAME	VP MIGUEO, JACKUALINE	☒ Delete
STREET ADDRESS CITY - ST - ZIP	680 NE 64TH ST, UNIT A405 MIAMI, FL 33138	
TITLE NAME	ST ARTHUR, WILLIAM	☒ Delete
STREET ADDRESS CITY - ST - ZIP	680 NE 64ST UNIT A-201 MIAMI, FL 33138	
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Delete
STREET ADDRESS CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Wladimir, Manuel	☒ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP	680 NE 64th ST. MIAMI, FL 33138	
TITLE NAME	VP Govaert, Angelica	☒ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP	680 NE 64th ST. MIAMI, FL 33138	
TITLE NAME	ST Smith, Alan	☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP	680 NE 64th ST. MIAMI, FL 33138	
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Change ☐ Addition
STREET ADDRESS CITY - ST - ZIP		
TITLE NAME		☐ Change ☐ Addition
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 817, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

Date

Daytime Phone #