

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000003192

Entity Name: DIXIE GROVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2630 SW 28TH STREET, UNIT 61
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2630 SW 28TH STREET, UNIT 61
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 20-1638219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUA, OMAIDA PD
2630 SW 28TH STREET
UNIT 61
COCONUT GROVE, FL 33133 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: PD () Delete
Name: RUA, OMAIDA PD
Address: 2630 SW 28TH STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPD () Delete
Name: RUA, CHARLIE O
Address: 2630 SW 28TH STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: STD (X) Delete
Name: FABIAN, MARIO
Address: 2630 SW 28TH STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: HUBBARD, WILLIAM
Address: 2630 SW 28TH STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: VELEZ, EDDIE
Address: 2630 SW 28TH STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: ACIKGOZ, NASIR
Address: 2630 SW 28TH STREET
City-St-Zip: COCONUT GROVE, FL 33133

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:

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: OMAIDA RUA

P

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date