2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

DOCUMENT# N04000004413

Entity Name: A.M.M. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2263 SW 37TH AVE.
MIAMI, FL 33145

New Principal Place of Business:

5770 COMMERCE LANE
SOUTH MIAMI, FL 33143

Current Mailing Address:

2931 LOUISE STREET
COCONUT GROVE, FL 331333733

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORRIS, AARON M
2931 LOUISE STREET
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: MORRIS, AARON M
Address: 2263 SW 37TH AVE.
City-St-Zip: MIAMI, FL 33145

Title: VD ( ) Delete
Name: MORRIS, RITA
Address: 2263 SW 37TH AVE.
City-St-Zip: MIAMI, FL 33145

Title: STD ( ) Delete
Name: MORRIS, ANNA R
Address: 2263 SW 37TH AVE.
City-St-Zip: MIAMI, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MORRIS, AARON M
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: VD (X) Change ( ) Addition
Name: MORRIS, RITA
Address: 3420 ANDERSON ROAD
City-St-Zip: CORAL GABLES, FL 33134

Title: STD (X) Change ( ) Addition
Name: MORRIS, ANNA R
Address: 2931 LOUISE STREET
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: AARON M. MORRIS PD 01/10/2006
Electronic Signature of Signing Officer or Director — Date