

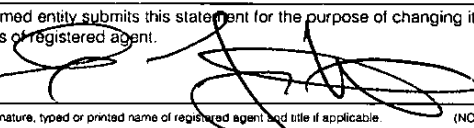
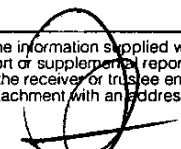


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90135 034 ****61.25

DOCUMENT # N04000004764					
1. Entity Name 1201 WEST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131		Mailing Address 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131			
2. Principal Place of Business 2929 S.W. 3 RD AVE Suite, Apt. #, etc. SUITE 520 City & State Miami, FL Zip 33129 Country USA		3. Mailing Address 2929 S.W. 3 RD AVE Suite, Apt. #, etc. SUITE 520 City & State Miami, FL Zip 33129 Country USA		04192005 Chg-NP CR2E037 (10/03) 50046667 	
4. FEI Number 20-2739355				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHATZMAN, LARRY O 1110 BRICKELL AVE. SUITE 504 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name: <u>Inbante 2 Zumpano P.A.</u> Street Address (P.O. Box Number is Not Acceptable): <u>2801 PONCE DE LEON, PH 1280</u> City: <u>Coral Gables</u> FL Zip Code: <u>33134</u>		
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: 			DATE: <u>4/20/05</u>		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORNE, ROBERT F		NAME	THORNE, ROBERT F	
STREET ADDRESS	1110 BRICKELL AVE., SUITE 504		STREET ADDRESS	2929 SW 3RD AVE SUITE #520	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CREMATA, RAUL		NAME	CREMATA, RAUL	
STREET ADDRESS	1110 BRICKELL AVE., SUITE 504		STREET ADDRESS	2929 SW 3RD AVE SUITE #520	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	Bethair Thorne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACHADO, BETTY		NAME	Bethair Thorne	
STREET ADDRESS	1110 BRICKELL AVE., SUITE 504		STREET ADDRESS	2929 SW 3RD AVE SUITE #520	
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: 			DATE: <u>4/27/05</u> (305) 424-0770		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		