

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # N04000005688

1. Entity Name
**THE 1120 ON 7TH STREET CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**1120 7TH ST
MIAMI BEACH, FL 33139**

Mailing Address
**1120 7TH ST
MIAMI BEACH, FL 33139**



02162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0090746

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANRESA, ALEXI
1120 7TH ST #1
MIAMI BEACH, FL 33139**

**DO NOT WRITE
IN THIS SPACE**

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

Jeff Gammill **JEFF GAMMILL TREASURER** **2/22/07**

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

(NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

03/14/07-80025-023 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MANRESA, ALEXI
STREET ADDRESS	1120 7TH ST
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VD
NAME	MIRANDA, DIEGO
STREET ADDRESS	1120 7TH ST #4
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	TSD
NAME	GAMMILL, JEFF
STREET ADDRESS	1120 7TH ST #3
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeffrey Gammill **Jeffrey Gammill** **2/22/07** **305 773441**

Date

Daytime Phone #