

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90016 003 \*\*\*\*61.25

**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

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

3. Mailing Address

1120 7th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT #3

City & State

City & State

MIAMI BEACH FL

Zip

Country

Zip

33139

Country

Under

4. FEI Number

26-0090746

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**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 PD  
NAME MANRESA, ALEXI  
STREET ADDRESS 1120 7TH ST  
CITY- ST- ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE VD  
NAME MIRANDA, DIEGO  
STREET ADDRESS 1120 7TH ST #4  
CITY- ST- ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE TSD  
NAME GAMMILL, JEFF  
STREET ADDRESS 1120 7TH ST #3  
CITY- ST- ZIP MIAMI BEACH FL 33139 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JEFF GAMMILL TREASURER

1/28/08 345 571 1811