2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N04000006951

Entity Name: AKOYA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6365 COLLINS AVENUE
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

6365 COLLINS AVENUE
MANAGEMENT OFFICE #500
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 16-1709768 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA
10TH FLR
CORAL GABLES, FL 33141 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: D ( ) Delete
Name: DIWAN, ABIDA
Address: 6365 COLLINS AVE #1602
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD ( ) Delete
Name: PACHECO, JOSE
Address: 6365 COLLINS AVE #1803
City-St-Zip: MIAMI BEACH, FL 33141

Title: PD ( ) Delete
Name: FITELL, BRUCE
Address: 6365 COLLINS AVE #3904
City-St-Zip: MIAMI BEACH, FL 33141

Title: TD ( ) Delete
Name: LEON, PEDRO D
Address: 6365 COLLINS AVE #1908
City-St-Zip: MIAMI BEACH, FL 33141

Title: VD ( ) Delete
Name: BUIJS, DENNIS
Address: 6365 COLLINS AVE #3809
City-St-Zip: MIAMI BEACH, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: DIWAN, ABIDA
Address: 6365 COLLINS AVE #1602
City-St-Zip: MIAMI BEACH, FL 33141

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: BUIJS, DENNIS
Address: 6365 COLLINS AVE #3809
City-St-Zip: MIAMI BEACH, FL 33141

Title: DIR (X) Change ( ) Addition
Name: AGOSTINI, EDWARD
Address: 6365 COLLINS AVE #3603
City-St-Zip: MIAMI BEACH, FL 33414

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: BRUCE FITELL PD 01/16/2009

Electronic Signature of Signing Officer or Director — Date