

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 20 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000007407

1. Entity Name
SEVEN FLATS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2655 LE JEUNE RD
SUITE 201
CORAL GABLES, FL 33134

Mailing Address
2655 LE JEUNE RD
SUITE 201
CORAL GABLES, FL 33134



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03252005 Chg-NP CR2E037 (10/03)

4. FEI Number

20-203-9006

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, RONALD G
2655 LE JEUNE RD
SUITE 201
CORAL GABLES, FL 33134

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

Filing Fee is \$61.25
Due by May 1, 2005

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 WINTON, JOHNNY L
STREET ADDRESS 150 SE 2ND AVE SUITE 1301
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE VD
NAME SCHRAGE, JOSEPH B
STREET ADDRESS 150 SE 2ND AVE SUITE 1301
CITY-ST-ZIP MIAMI, FL 33131 ☐ Delete

TITLE STD
NAME DINGWELL, BRAD
STREET ADDRESS 150 SE 2ND AVE SUITE 1301
CITY-ST-ZIP MIAMI, FL 33131 ☐ 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 ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

BRAD DINGWELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 30 05
Date

305 373-2164 #25
Daytime Phone #