## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 09, 2006 8:00 am Secretary of State

Mailing Address   Sea MANACERS POFFICE   Sea MANACERS OFFICE   2665 S.W. 37 AVENUE   2	DOCUMENT # N0400007813  1. Entity Name DA VINCI ON DOUGLAS CONDOMINIUM ASSOCIATION, INC.								Type:	05-09-	-2006	90075 (	012 ****	61.25
Sulle, Apt. #, etc.  Sulle, Apt. #, etc.  City & State  Ci	% MANAGERS OFFICE 2665 S.W. 37 AVENUE			% MANAGERS OFFICE 2665 S.W. 37 AVENUE CORAL GABLES, FL 33133										
Cay & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  S. Certificate of State Desired   \$8.75 Additional Feet Required   \$8.75 Additional Feet	2. Principal Place of Business			3. Mailing Address										
Zip Country Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.					04152006	Chg-NP		CR2E03	37 (11/05)	
S. Carlinate of Salaus Desired   Fee Required   Fee				City & State										·
MARS, GARY M ESQ. % HYMAN, KAPLAN, GANGUZZA, SPECTOR MARS PA 150 W. FLAGLER STREET - SUITE 2701 MIAMI, FL 33130  8. The above ramed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent	Zip						intry						Fee Require	
Signary   Sign		6. Name	and Address of Current I	Registered Ager	nt		Name		7. Name an	d Address of	New Re	gistered A	Agent	
MIAMI, FL 33130  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   Signa	% HYMAN, KAPLAN, GANGUZZA, SPECTO				OR MARS PA			ddress (F	P.O. Box Numb	per is Not Acce	eptable)			
B. 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, hond or printed name of registered agent and site if applicable.			TREET - SUITE 2701							•				
SIGNATURE    Filing Fee is \$61.25   Duby May 1, 2006   Duby May 1, 2006   Duby May 1, 2006   Duby May 1, 2006   Trust Fund Centribution.   Addition Name   Street Address   Stre							City					FL	Zip Cod	le
Signature. Noted on privited care on registrated appart and tale of as policition.   NOTE: Registrated Appart signature recursation)   SAS, 0.00 May Bia Added to Fees   Make check payable to Floridad Department of State	8. The above the obligat	named entit tions of regist	y submits this statement for tered agent.	the purpose of o	changing its r	egistere	ed office or	register	ed agent, or b	oth, in the State	e of Flori	da. I am I	amiliar with,	and accept
Filing Fee Is \$81.25   Due by May 1, 2006   Provide Department of State	SIGNATURE	Sknature broad	for ruinted name of registered anent a	nd title if ennilceble	01075									
10.						Registerer	d Ament eizmen	re required	when reinstation)			DATE		
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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 of supplemental and in the same legal effect as if made under cath, that I am an officer or director.	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P DIAZ, CAI 2665 SW MIAMI, FL VPT MAHFOO 2665 SW MIAMI, FL S GORING, 2665 SW	DE IS \$61.25 May 1, 2006  OFFICERS AND DIR  RLOS 37TH AVENUE, #1011  33133 D, JASON 37TH AVENUE, #807  33133  ALEX 37TH AVENUE, #406	9. I	Delete  Delete  Delete	Paign Financian Francisco Financia Fina	inancing on.  E ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP  ET ADDRESS -ST-ZIP	Sec Ber 366	\$5.00 May Added to Feet DDITIONS/CH	HANGES TO C	Florid DFFICERS	ke check la Depari	thent of S RECTORS IN Change Change Change	Addition  Addition

indicated on this report of suppremental 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 trastee 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 affactment with an address, with all other like empowered.

SIGNATURE:

Carlos Diaz