2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2009
Secretary of State

DOCUMENT# N04000008681

Entity Name: 525 NE 63RD STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

525 -527 NE 63RD STREET
MIAMI, FL 33138

New Principal Place of Business:

525 NE 63RD STREET
MIAMI, FL 33138

Current Mailing Address:

525 -527 NE 63RD STREET
APT #4
MIAMI, FL 33138

New Mailing Address:

525 NE 63RD STREET
APT #4
MIAMI, FL 33138

FEI Number: 20-1978266 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DE CUBAS, KARIN N.
525 NE 63RD STREET
APT #4
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

DE CUBAS, KARIN N
525 NE 63RD STREET
APT #4
MIAMI, FL 33138 US

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: KARIN DE CUBAS 02/14/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: DE CUBAS, KARIN N.
Address: 525 NE 63RD STREET APT #4
City-St-Zip: MIAMI, FL 33138

Title: VP ( ) Delete
Name: HARRISON, GREG
Address: 525 NE 63RD STREET APT #5
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Delete
Name: MORENO, ANTHONY
Address: 525 NE 63RD STREET APT #3
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: DE CUBAS, KARIN N
Address: 525 NE 63RD STREET APT #4
City-St-Zip: MIAMI, FL 33138

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

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

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: KARIN DE CUBAS PRES 02/14/2009
Electronic Signature of Signing Officer or Director Date