2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# N04000008853

Entity Name: LA PIAZZA NAVONA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

677 NE 24 STREET
MIAMI, FL 33137

New Principal Place of Business:

C/O GUARANTEE MANAGEMENT SERVICES
6925 N.W. 42ND STREET
MIAMI, FL 33166

Current Mailing Address:

%JUARANTEE MANAGEMENT
6925 NW 42ND STREET
MIAMI, FL 33166

New Mailing Address:

C/O GUARANTEE MANAGEMENT SERVICES
6925 NW 42ND STREET
MIAMI, FL 33166

FEI Number: 20-1594164 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FEIN, STEVEN ESQ.
900 STATE ROAD 7
PLANTATION, FL 33317 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: PD ( ) Delete
Name: DA SILVA, PATTY
Address: 275 FOINTANBLUE BLV. # 200
City-St-Zip: MIAMI, FL 33172

Title: VD ( ) Delete
Name: MARIN, JACK
Address: 275 FOINTANBLUE BLV. # 200
City-St-Zip: MIAMI, FL 33172

Title: SD ( ) Delete
Name: PIZURRO, JULIE
Address: 275 FOINTANBLUE BLV. # 200
City-St-Zip: MIAMI, FL 33172

Title: TD (X) Delete
Name: ESCOBAR, PABLO D
Address: 677 NE 24 STREET, 603
City-St-Zip: MIAMI, FL 33137

Title: DR (X) Delete
Name: BERNARD, AUBREY
Address: 275 FOINTANBLUE BLV. # 200
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: DA SILVA, PATTY
Address: 4115 WIMBLEDON DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: VP (X) Change ( ) Addition
Name: MARIN, JACK
Address: 677 N.E. 24TH STREET UNIT # 206
City-St-Zip: MIAMI, FL 33137

Title: SD (X) Change ( ) Addition
Name: PIZZURRO, JULIE
Address: 677 N.E. 24TH STREET UNIT 502
City-St-Zip: MIAMI, FL 33137

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: PATTY DASILVA PT 01/28/2009

Electronic Signature of Signing Officer or Director — Date