

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2009  
Secretary of State**

DOCUMENT# N04000009014

Entity Name: 8966 CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

8966 COLLINS AVENUE  
SURFSIDE, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

8966 COLLINS AVENUE  
SURFSIDE, FL 33154

**New Mailing Address:**

FEI Number: 20-1655897      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINA, MIGUEL  
8966 COLLINS AVENUE  
SURFSIDE, FL 33154      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: PINA, MIGUEL  
Address: 8966 COLLINS AVENUE  
City-St-Zip: SURFSIDE, FL 33154

Title: VD      ( ) Delete  
Name: CEBALLOS, JOAQUIN  
Address: 8966 COLLINS AVENUE  
City-St-Zip: SURFSIDE, FL 33154

Title: STD      ( ) Delete  
Name: MOUTINHO, BETTY  
Address: 8966 COLLINS AVENUE  
City-St-Zip: SURFSIDE, FL 33154

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: MIGUEL F. PINA

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date