2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N04000009591

FILED Aug 21, 2006 8:00 am Secretary of State

08-21-2006 90002 034 ****61.25

1. Entity Nam 1885 NAF INC.	POLI LUXURY CONDOMIN	UM ASSOCIATION,						
2601 SOUTH BAYSHORE DRIVE STE 200 2		Mailing Address 2601 SOUTH BAYSHOR MIAMI, FL 33144	2601 SOUTH BAYSHORE DRIVE STE 200		50025667			
	lace of Business Florida Club C #, etc.	3. Mailing Address 396 Alham Suite, Apt. #, etc. Suite 236	_	اف		CR2E037 (4/06)		
City & State Naples, Fl		City & State Coral Gak	Coral Gables, Fl		Applied For 760129 Not Applica \$8.75 Additional		t Applicable	
34/17	Country USA 6. Name and Address of Current		Miami-D		tatus Desired [Fee Required		
SHEAR, DAVID				ame reet Address (P.O. Box Number is Not Acceptable)				
	named entity submits this statement for		City		the State of Florida	FL Zip Code		
	ions of registered agent. Signature, typed or printed name of registered agent.		E: Registered Agent signature		The state of the s	DATE		
1 111119 1 00 10,00 1120			npaign Financing Contribution.	\$5.00 May Be Added to Fees		check payable to Department of St		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DP MARTINEZ, ALFRED 2601 SOUTH BAYSHORE DRIV MIAMI, FL 33144	Delete	STREET ADDRESS	additions/change P 20bert str 3551 kent 1apks, Fl	ror.	ND DIRECTORS IN	10 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ESTRADAZ, JENNIFER 2601 SOUTH BAYSHORE DRIV MIAMI, FL 33144	E STE 200	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeverly Bra 191 st. Andr Naples, fl.	zgiel zws bivo zhliz	D≇Change d.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CACHINERO, MICHELLE 2601 SOUTH BAYSHORE DRIV MIAMI, FL 33144	E STE 200	TITLE NAME STREET ADDRESS	Jeanne H 885 Florida Vaples, Fl	ayslic	©Change # 8204	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME. STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	

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 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: 🖊

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR