

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED


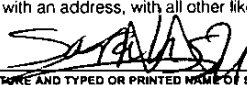

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-30-07



10232007 Chg-NP CR2E037 (12/06)

|  |   |   |   |  |  |
|--|---|---|---|--|--|
| <b>DOCUMENT # N04000010108</b>   |   |   |   |         |  |
| 1. Entity Name<br>CONDOMINIUM ASSOCIATION FOR THE CITADEL, INC.  |   |   |   |  |  |
| Principal Place of Business<br>7655 N.W. 50 STREET<br>MIAMI, FL 33166  |   |   | Mailing Address<br>7655 N.W. 50 STREET<br>MIAMI, FL 33166                         |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   |   | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |   |   | Suite, Apt. #, etc.   |  |  |
| City & State   |   |   | City & State  |  |  |
| Zip  | Country   | Zip   | Country   | 4. FEI Number<br>56-2487602  |  |
|  |   |   |   | Applied For<br><input type="checkbox"/> Not Applicable                                   |  |
|  |   |   |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |   |   | 7. Name and Address of New Registered Agent                                       |  |  |
| HYMAN, SPECTOR & MARS, PA<br>150 WEST FLAGLER STREET<br>SUITE 2701<br>MIAMI, FL 33130  |   |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |   |   |   |  |  |
| Amended AR is \$61.25  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>                          |   | \$5.00 May Be Added to Fees  |  |
|  |   | Make check payable to Florida Department of State   |   |  |  |
| 10. OFFICERS AND DIRECTORS   |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                             |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>MESTRE, JUAN FERNANDO<br>7655 N.W. 50 STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 500112804895<br>12/04/07--01012--009 **\$1.25                                     |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>DOMINGUEZ, EDUARDO L JR<br>7655 N.W. 50 STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>ECORO, SARA<br>7655 N.W. 50 STREET<br>MIAMI, FL 33166 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> 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:  11-20-2007 |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Date Daytime Phone #  |   |  |  |