

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90041 036 ****61.25

DOCUMENT # N04000011046

1. Entity Name
MARSH HARBOUR 49 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134**

Mailing Address
**2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
**2074 W. INDIANTOWN RD
STE # 200**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

08202007

Chg-NP

CR2E037 (12/06)

City & State

City & State
JUPITER, FL

4. FEI Number
20-4507050

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC
100 SE 2ND ST., SUITE 2900
MIAMI, FL 33131-2130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ADAMS, BRUCE
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE STD ☒ Delete
NAME GREENBERG, KIM
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VPD ☒ Delete
NAME SHANNON, KARR
STREET ADDRESS 2121 PONCE DE LEON BLVD., PH
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TSO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Change ☒ Addition
NAME **BARBARA BEGUERISTAIN**
STREET ADDRESS **2121 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **VP** ☐ Change ☒ Addition
NAME **MAXIMO CRUZ JR**
STREET ADDRESS **2121 PONCE DE LEON BLVD**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

headers 8/27/07 (786) 709-2257