2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 04, 2009
Secretary of State

DOCUMENT# N05000001046

Entity Name: OLAS AZULES CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

315 86TH STREET, UNIT 3
MIAMI BEACH, FL 33141

New Principal Place of Business:

11601 BISCAYNE BLVD.
204
NORTH MIAMI, FL 33181 US

Current Mailing Address:

315 86TH STREET, UNIT 3
MIAMI BEACH, FL 33141

New Mailing Address:

11601 BISCAYNE BLVD.
204
NORTH MIAMI, FL 33181 US

FEI Number: 20-4588674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TORO, MARIE
315 86TH STREET, UNIT 3
MIAMI BEACH, FL 33141 US

Name and Address of New Registered Agent:

ODDONE, CARINA
11601 BISCAYNE LVD
204
NORTH MIAMI, FL 33181 US

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: CARINA ODDONE 11/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TORO, MARIE
Address: 315 86TH STREET, UNIT 3
City-St-Zip: MIAMI BEACH, FL 33141

Title: DS ( ) Delete
Name: MENDEZ, SANDRA
Address: 315 86TH STREET, UNIT 3
City-St-Zip: MIAMI BEACH, FL 33141

Title: DT ( ) Delete
Name: MENDEZ, STAVROULA
Address: 315 86TH STREET UNIT 3
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: TORO, MARIE
Address: 11601 BISCAYNE BLVD STE 204
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: DS (X) Change ( ) Addition
Name: ODDONE, CARINA
Address: 11601 BISCAYNE BLVD. STE 204
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: DT (X) Change ( ) Addition
Name: TEIXIDOR, SACHA
Address: 11601 BISCAYNE BLVD. STE 204
City-St-Zip: NORTH MIAMI, FL 33181 US

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: MARIE TORO DP 11/04/2009
Electronic Signature of Signing Officer or Director Date