

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001692

FILED  
Jan 18, 2012  
Secretary of State

**Entity Name:** 929 ON MICHIGAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1024 ALAHAMBRA CIRCLE  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

CRC 407  
PO BOX 02-5635  
MIAMI, FL 33102

**New Mailing Address:**

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

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

ELIZABETH, SARGENT  
1024 ALAHAMBRA CIRCLE  
CORAL GABLES, FL 33134      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: P  
Name: SARGENT, ELIZABETH  
Address: 1024 ALAHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: TRANCESCHI, TOMAS  
Address: 1024 ALAHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

Title: T, S  
Name: COHN, CRAIG  
Address: PO BOX 394  
City-St-Zip: VAIL, CO 81658

I hereby 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 all other like empowered.

SIGNATURE: ELIZABETH SARGENT

P

01/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date