


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000001894

1. Entity Name
 NW 126TH AVENUE CONDOMINIUM ASSOCIATION, INC.



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|--|--|
| Principal Place of Business C/O HELLER USA INC. 750 E SAMPLE RD, #226 POMPANO BEACH, FL 33064 | Mailing Address C/O HELLER USA INC. 750 E SAMPLE RD, #226 POMPANO BEACH, FL 33064 |
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

| | |
|---|---------------------------------------|
| 4. FEI Number 20-3136620 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

FLEISCHMAN, KENT
 C/O HELLER USA INC.
 750 E SAMPLE RD, #226
 POMPANO BEACH, FL 33064

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FLEISCHMAN, KENT 6538 COLLINS AVE #252 MIAMI BEACH, FL 33141 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD SCHUMACHER, RENA 3541 NW 99 AVE CORAL SPRINGS, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MCMAHON, MICHELLE 2870 NW 107 AVE CORAL SPRINGS, FL 33065 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 01/26/07-80028-012 61.25

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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: Kent Fleischman Date: 1-22-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR