

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

07 APR 27 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05000001894</b>					
1. Entity Name NW 126TH AVENUE CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-3136620	
Zip		Country		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			7. Name and Address of New Registered Agent Name <u>RENA SCHUMACHER</u> Street Address (P.O. Box Number is Not Acceptable) <u>3521 NW 99 AVE</u> City <u>CORAL SPRINGS</u> FL Zip Code <u>33065</u>		
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 <u>[Signature]</u> DATE <u>4/22/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
<b>Amended AR is \$61.25</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLEISCHMAN, KENT 6538 COLLINS AVE #252 MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENA SCHUMACHER 3521 NW 99 AVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUMACHER, RENA <del>3541 NW 99 AVE</del> 3521 NW 99th Avenue CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TERENCE CROWLEY 9655 NW 59 COURT PARKLAND, FL 33076	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCMAHON, MICHELLE 2870 NW 107 AVE CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200103092662 05/23/07--01009--003 **61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>[Signature]</u>				Date <u>4/22/07</u> Daytime Phone # <u>954-709-6691</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	