

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

NO CHANGES  
FILED  
Mar 10, 2008 08:00 AM  
Secretary of State  
ARE TO BE  
MADE - SAME  
OFFICERS

|   |  |                                 |   |  |  |
|---|--|---------------------------------|---|--|--|
| <b>DOCUMENT # N05000001894</b>  |  |                                 |   |         |  |
| 1. Entity Name<br>NW 126TH AVENUE CONDOMINIUM ASSOCIATION, INC.   |  |                                 |   |  |  |
| Principal Place of Business<br>C/O HELLER USA INC.<br>750 E SAMPLE RD, #226<br>POMPANO BEACH, FL 33064  |  |                                 | Mailing Address<br>C/O HELLER USA INC.<br>750 E SAMPLE RD, #226<br>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  |  |  |
| Zip   | Country  | Zip                             | Country   | 4. FEI Number<br>20-3136620  |  |
|   |  |                                 |   | Applied For<br>Not Applicable  |  |
|   |  |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |  |                                 | 7. Name and Address of New Registered Agent   |  |  |
| SCHUMACHER, RENA<br>3521 NW 99 AVENUE<br>CORAL SPRINGS, FL 33065  |  |                                 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____   |  |                                 |   |  |  |
| Filing Fee is \$61.25<br>Due by May 1, 2008   |  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |
| Make check payable to<br>Florida Department of State  |  |                                 |   |  |  |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SCHUMACHER, RENA<br>3541 NW 99 AVENUE<br>CORAL SPRINGS, FL 33065 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 000000853883<br>03/26/08-80096-011 61.25   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TD<br>CROWLEY, TERENCE<br>9655 NW 59 COURT<br>PARKLAND, FL 33065       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | SD<br>MCMAHON, MICHELLE<br>2870 NW 107 AVE<br>CORAL SPRINGS, FL 33065  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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>Michelle L. McMahon</u>   |  |                                 | 3/6/08 954-753-2070   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |                                 | Date Daytime Phone #  |  |  |
| Michelle L. McMahon - Secretary   |  |                                 |   |  |  |