2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# N05000003110

Entity Name: ARTEPARK NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2100 PARK AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

435 21ST STREET
MIAMI BEACH, FL 33139

Current Mailing Address:

2100 PARK AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

435 21ST STREET
MIAMI BEACH, FL 33139

FEI Number: 26-4569053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, L.L.C.
100 SOUTHEAST SECOND STREET
29TH FLOOR
MIAMI, FL 331312130 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: PD ( ) Delete
Name: CAVALIERI, MAURIZIO
Address: 119 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Delete
Name: MARQUEZ, ILEANA
Address: 119 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: MARQUEZ, ILEANA
Address: 119 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD ( ) Change (X) Addition
Name: OROZCO, LORENA
Address: 435 21ST STREET
City-St-Zip: MIAMI BEACH, FL 33139

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: MAURIZIO CAVALIERI P 04/22/2009

Electronic Signature of Signing Officer or Director — Date