

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 07, 2007
Secretary of State**

DOCUMENT# N05000003117

Entity Name: ARTECITY GOVERNOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

435 21ST STREET
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

435 21ST STREET
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

REGISTERED AGENTS OF FLORIDA, L.L.C.
100 SOUTHEAST SECOND STREET
29TH FLOOR
MIAMI, FL 331312130 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAVALIERI, MAURIZIO
Address: 425 21ST STREET
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: TD () Delete
Name: DE SANTI, GIOVANNI
Address: 425 21ST STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD (X) Change () Addition
Name: GASPERINA, KATIA
Address: 425 21ST STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD () Delete
Name: PADILLA, GAUDYS
Address: 425 21ST STREET
City-St-Zip: MIAMI BEACH, FL 33139

Title: SD (X) Change () Addition
Name: MARQUEZ, ILEANA
Address: 425 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: CAVALIERI MAURIZIO

P

05/07/2007

Electronic Signature of Signing Officer or Director

Date