

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003402

FILED
May 16, 2008
Secretary of State

Entity Name: 3617 PONCE DE LEON BLVD, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3617 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:
P.O. BOX 140383
CORAL GABLES, FL 33114

New Mailing Address:

FEI Number: 65-1252018 FEI Number Applied For () FEI Number Not Applicable () 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:**

MARTINI, GREGORY T ESQ
2655 LEJEUNE RD
SUITE 1101
CORAL GABLES, FL 33134 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:

Title: PVST () Delete
Name: BAUMGARTNER, SALLY L
Address: 3125 SEGOVIA ST
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BAUMGARTNER, SALLY L
Address: 3125 SEGOVIA ST
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: LLURIA, JUAN P
Address: 3617 PONCE DE LEON BLVD #1
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BAUMGARTNER, SHIRLEY C
Address: 700 BILTMORE WAY - APT 317
City-St-Zip: CORAL GABLES, FL 33434

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SALLY BAUMGARTNER

PVST

05/16/2008

Electronic Signature of Signing Officer or Director

Date