

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003402

FILED  
Jan 16, 2009  
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 ( )**

**Name and Address of Current Registered Agent:**

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

01/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date