

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000003548	
1. Entity Name THE NOLOBI CONDOMINIUM ASSOCIATION, INC.	



FILED

06 AUG -7 PM 2:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 524 41 STREET MIAMI BEACH, FL 33140	Mailing Address 524 41 STREET MIAMI BEACH, FL 33140
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2. Principal Place of Business 935 EUCLID AVE. Suite, Apt. #, etc.	3. Mailing Address 935 EUCLID AVE Suite, Apt. #, etc. #4
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City & State MIAMI BEACH, FL	City & State MIAMI BEACH, FL
Zip 33139	Country U.S.A

07312006 Chg-NP CR2E037 (4/06)

4. FEI Number 20-2697034	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
Name ANDREW LA CERVA	
Street Address (P.O. Box Number is Not Acceptable) 935 EUCLID AVE #4	
City MIAMI BEACH	Zip Code FL 33139

7. Name and Address of New Registered Agent	
Name ANDREW LA CERVA	
Street Address (P.O. Box Number is Not Acceptable) 935 EUCLID AVE #4	
City MIAMI BEACH	Zip Code FL 33139

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 <i>Andrew La Cerva</i> Signature, typed or printed name of registered agent and title if applicable ANDREW LA CERVA	TITLE PRESIDENT DATE 7/31/2006 (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Andrew La Cerva</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ANDREW LA CERVA	Date 7/31/2006 (305) 761-3366 Daytime Phone #

208/9