2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003548

FILED May 01, 2007 Secretary of State

Entity Name: THE NOLOBI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

935 EUCLID AVENUE

MIAMI BEACH, FL 33139

MIAMI BEACH, FL 33139 US

Current Mailing Address: New Mailing Address:

707 5TH STREET 935 EUCLID AVENUE

MIAMI BEACH, FL 33139 US

FEI Number: 20-2697034 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.

US

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

LA CERVA, ANDREW DELACOTTE, STEPHAN 935 EUCLIÓ AVENUE, #4 935 EUCLID ÁVENUE, #4 MIAMI BEACH, FL 33139 US MIAMI BEACH, FL 33139 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: DELACOTTE, STEPHAN 05/01/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete DPT (X) Change () Addition LA CERVA, ANDREW DELACOTTE, STEPHAN Name: Name:

Address: 935 EUCLID AVENUE, #4 Address: 935 EUCLID AVENUE, #4 City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip: MIAMI BEACH, FL 33139 US

Title: DV () Delete Title: () Change () Addition

Name: PERLMAN, SANDRA Name: Address: 1532 DREXEL AVENUE, # 401 Address: City-St-Zip: MIAMI BEACH, FL 33139 US City-St-Zip:

Title: DS () Delete Title: () Change () Addition

VERDES, IVANA Name: Name: 10010 NE 1ST AVENUE Address: Address: City-St-Zip: MIAMI SHORES, FL 33138 US 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: DELACOTTE, STEPHAN DPT 05/01/2007