

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003548

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** THE NOLOBI CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

935 EUCLID AVENUE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

747 4TH ST  
SUITE 200  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

PO BOX 841437  
PEMBROKE PINES, FL 33084 US

**FEI Number:** 20-2697034

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANDA-POSADA, MARIA  
12394 SW 82ND AVENUE  
PINECREST, FL 33156 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:** P  
**Name:** CICERO, LUIGI  
**Address:** PO BOX 841437  
**City-St-Zip:** PEMBROKE PINES, FL 33084 US

**Title:** VPTD  
**Name:** HANOZET, MAXIMO  
**Address:** PO BOX 841437  
**City-St-Zip:** PEMBROKE PINES, FL 33084 US

**Title:** SD  
**Name:** CARIATI, VALENTINA  
**Address:** PO BOX 841437  
**City-St-Zip:** PEMBROKE PINES, FL 33084

I hereby 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 all other like empowered.

**SIGNATURE:** LINDA JOHNSON

MGR

04/14/2011

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

\_\_\_\_\_  
Date