2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# N05000004035

Entity Name: GIFFORD PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3093 GIFFORD LANE
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3093 GIFFORD LANE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 26-1200873 **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:

ELMAN, JEREMY
3067 GIFFORD LANE
MIAMI, FL 33133 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 ( ) Delete
Name: WEIRICH, ADAM
Address: 3093 GIFFORD LANE
City-St-Zip: MIAMI, FL 33133

Title: VP ( ) Delete
Name: SCHMULIAN, BRETT
Address: 3081 GIFFORD LN
City-St-Zip: MIAMI, FL 33133

Title: S ( ) Delete
Name: ELMAN, JEREMY
Address: 3067 GIFFORD LANE
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete
Name: PORZECANSKI, GABRIEL
Address: 3083 GIFFORD LN
City-St-Zip: MIAMI, FL 33133

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: ADAM WEIRICH P 05/04/2009

Electronic Signature of Signing Officer or Director — Date