

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004068

FILED
Jan 14, 2009
Secretary of State

Entity Name: MIMO ON THE BEACH II CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

175 FONTAINEBLEAU BLVD
#1A-3
MIAMI, FL 33172

New Principal Place of Business:

8798 SW 8TH STREET
6
MIAMI, FL 33174

Current Mailing Address:

175 FONTAINEBLEAU BLVD
#1A-3
MIAMI, FL 33172

New Mailing Address:

8798 SW 8TH STREET
6
MIAMI, FL 33174

FEI Number: 20-3624191

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACCOUNTING & TAX PRACTICE, INC.
175 FONTAINEBLEAU BLVD
#1A-3
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

ACCOUNTING & TAX PRACTICE, INC.
8798 SW 8TH STREET
6
MIAMI, FL 33174 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: ACCOUNTING & TAX PRACTICE INC.

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RICATTI, STEPHANIE
Address: 6885 BYRON AVENUE, #210
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPDS () Delete
Name: MENDEZ, LISE
Address: 425 S SHORE DRIVE
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: TURINA, IRENE D
Address: 1602 ALTON ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: TD () Delete
Name: WALSH, JULIE
Address: 114 MADISON STREET, APT 1
City-St-Zip: HOBOKEN, NJ 07030

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: JULIE WALSH

PD

01/14/2009

Electronic Signature of Signing Officer or Director

Date