

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004258

FILED  
Feb 10, 2008  
Secretary of State

**Entity Name:** 905 MICHIGAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

905 MICHIGAN AVE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

905 MICHIGAN AVE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

PO BOX 403561  
MIAMI BEACH, FL 33140

**FEI Number:** 83-0430385

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

905 MICHIGAN AVE CONDOMINIUM ASSOCIATION  
905 MICHIGAN AVE  
MIAMI BEACH, FL 33139 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: DP ( ) Delete  
Name: GANNON, PAUL  
Address: 905 MICHIGAN AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVST ( ) Delete  
Name: DAVIS, OLIVER  
Address: 905 MICHIGAN AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: GANNON, PAUL  
Address: 935 9TH STREET 4A  
City-St-Zip: MIAMI BEACH, FL 33139

Title: DVST (X) Change ( ) Addition  
Name: DAVIS, OLIVER  
Address: 905 MICHIGAN AVE 1  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Change (X) Addition  
Name: MKONO, MILEMBE  
Address: 905 MICHIGAN AVENUE #4  
City-St-Zip: MIAMI BEACH, FL 33139

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: DR. PAUL GANNON

DP

02/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date