2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Aug 11, 2008
Secretary of State

DOCUMENT# N05000005260

Entity Name: HIDEAWAY AT SOUTH MIAMI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

7901 SW 64 AVE #24
SOUTH MIAMI, FL 33143

New Principal Place of Business:

7901 SW 64 AVE
APT. 11
SOUTH MIAMI, FL 33143

Current Mailing Address:

P.O. BOX 43-0872
SOUTH MIAMI, FL 33243 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OSORNO, MAURICIO
7901 SW 64 AVE #24
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

CONTILLO, JOSEPH P
7901 SW 64 AVE
APT. 11
SOUTH MIAMI, FL 33143 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: JOSEPH P. CONTILLO 08/11/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CONTILLO, JOSEPH P
Address: P.O. BOX 43-0872
City-St-Zip: SOUTH MIAMI, FL 33243

Title: VP ( ) Delete
Name: OSORNO, MAURICIO
Address: P.O. BOX 43-0872
City-St-Zip: SOUTH MIAMI, FL 33243

Title: S ( ) Delete
Name: TO BE, DETERMINED
Address: P.O. BOX 43-0872
City-St-Zip: SOUTH MIAMI, FL 33243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: TO BE, DETERMINED
Address: P.O. BOX 43-0872
City-St-Zip: SOUTH MIAMI, FL 33243

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: JOSEPH P. CONTILLO P 08/11/2008
Electronic Signature of Signing Officer or Director Date