## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005288

FILED May 18, 2006 Secretary of State

Entity Name: 317 NE SECOND STREET HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

20141 NE 21ST AVE 317 NE 2ND STREET MIAMI, FL 33179 6

HALLANDALE BEACH, FL 33009

Current Mailing Address: New Mailing Address:

20141 NE 21ST AVE 317 NE 2ND STREET

MIAMI, FL 33179 6

HALLANDALE BEACH, FL 33009

FEI Number: FEI Number Applied For (X) 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: Name and Address of New Registered Agent:

SONN, TERRI G KASTNER, CLAIRE 20801 BISCAYNE BLVD SUITE 501 317 NE 2ND STREET

AVENTURA, FL 33180 US 6
HALLANDALE BEACH, FL 33009 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: CLAIRE KASTNER 05/18/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PT () Delete Title: PT (X) Change () Addition

 Name:
 SHAN, RICHARD
 Name:
 KASTNER, CLAIRE

 Address:
 20141 NE 21ST AVE
 Address:
 317 NE 2ND STREET #5

 City-St-Zip:
 MIAMI, FL 33179
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

Title: VS () Delete Title: VS (X) Change () Addition Name: SONN, JEFFREY Name: PLANAS, MARLO E

 Address:
 20141 NE 21ST AVE
 Address:
 317 NE 2ND STREET

 City-St-Zip:
 MIAMI, FL 33179
 City-St-Zip:
 HALLANDALE BEACH, FL 33009

Title: ( ) Delete Title: DIR ( ) Change (X) Addition

 Name:
 Name:
 JACOBY, FRANCISCO E

 Address:
 Address:
 820 N 71ST AVENUE

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAIRE KASTNER PR 05/18/2006