

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005619

FILED
Apr 27, 2007
Secretary of State

Entity Name: MENENDEZ PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1390 S DIXIE HWY STE 1105
CORAL GABLES, FL 33146

New Principal Place of Business:

1390 S DIXIE HWY
SUITE 1108
CORAL GABLES, FL 33146

Current Mailing Address:

1390 S DIXIE HWY STE 1105
CORAL GABLES, FL 33146

New Mailing Address:

1390 S DIXIE HWY
SUITE 1108
CORAL GABLES, FL 33146

FEI Number: 20-2946761

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, HAROLD D
1390 S DIXIE HWY STE 1105
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

SWITZER, FRANCIS M
1390 S DIXIE HWY
SUITE 1108
CORAL GABLES, FL 33146 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: FRANCIS SWITZER

04/27/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WHITE, HAROLD D
Address: 1390 S DIXIE HWY STE 1105
City-St-Zip: CORAL GABLES, FL 33146

Title: SD () Delete
Name: SKINNER, TRUMAN A
Address: 1390 S DIXIE HWY STE 1105
City-St-Zip: CORAL GABLES, FL 33146

Title: TD () Delete
Name: MCBRIDE, BRIAN
Address: 1390 S DIXIE HWY STE 1105
City-St-Zip: CORAL GABLES, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ELIAS, CHRISTI
Address: 1390 S DIXIE HWY, SUITE 1108
City-St-Zip: CORAL GABLES, FL 33146

Title: SD (X) Change () Addition
Name: SWITZER, FRANCIS M
Address: 1390 S DIXIE HWY, SUITE 1108
City-St-Zip: CORAL GABLES, FL 33146

Title: TD (X) Change () Addition
Name: PINEDA, CARLOS
Address: 1390 S DIXIE HWY, SUITE 1108
City-St-Zip: CORAL GABLES, FL 33146

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: CHRISTI ELIAS

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date