


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000006673 1. Entity Name EL-AD RESIDENCES AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2480 WEST PRESERVE WAY MIRAMAR, FL 33025	Mailing Address 2480 WEST PRESERVE WAY MIRAMAR, FL 33025
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DO NOT WRITE IN THIS SPACE



01312007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1537355	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KATZMAN & KORR, P.A.
 1501 NORTHWEST 49TH STREET - SUITE 202
 FORT LAUDERDALE, FL 33309

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOPSON, ALICE 2120 WEST PRESERVE WAY SUITE 204 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, MARTIN 2320 EAST PRESERVE WAY SUITE 301 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DEDEK, MILAN 2400 EAST PRESERVE WAY SUITE 203 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, MARIA 2401 WEST PRESERVE WAY SUITE 102 MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/06/07-80022-007 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Alice Hopson Date: 1/31/07 Daytime Phone #: 954 846 7438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR