

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006673

FILED
Jan 07, 2009
Secretary of State

Entity Name: EL-AD RESIDENCES AT MIRAMAR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2480 WEST PRESERVE WAY
MIRAMAR, FL 33025

New Principal Place of Business:

Current Mailing Address:

2480 WEST PRESERVE WAY
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 20-1537355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 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: P () Delete
Name: HOPSON, ALICE
Address: 2120 WEST PRESERVE WAY SUITE 204
City-St-Zip: MIRAMAR, FL 33025

Title: VP () Delete
Name: MILLER, MARTIN
Address: 2320 EAST PRESERVE WAY SUITE 301
City-St-Zip: MIRAMAR, FL 33025

Title: ST () Delete
Name: MILAN, DEREK
Address: 2400 E PRESEDOT WAY #203
City-St-Zip: MIRAMAR, FL 33025

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOPSON, ALICE
Address: 2120 WEST PRESERVE WAY # 204
City-St-Zip: MIRAMAR, FL 33025

Title: VP (X) Change () Addition
Name: MILLER, MARTIN
Address: 2320 EAST PRESERVE WAY # 301
City-St-Zip: MIRAMAR, FL 33025

Title: ST (X) Change () Addition
Name: DEDEK, MILAN
Address: 2400 E PRESERVE WAY #203
City-St-Zip: MIRAMAR, FL 33025

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: ALICE HOPSON

PRES

01/07/2009

Electronic Signature of Signing Officer or Director

Date