2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007901

FILED May 25, 2007 Secretary of State

Entity Name: MOSAIC AT MILLENIA CONDOMINIUM ASSOCIATION, INC.

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

396 ALHAMBRA CIRCLE C/O MANAGEMENT OFFICE SUITE 230 S573 CONROY ROAD CORAL GABLES, FL 33134 ORLANDO, FL 32839 US

Current Mailing Address: New Mailing Address:

396 ALHAMBRA CIRCLE C/O HRC LUXURY CONDOMINIUM, LLC SUITE 230 250 PARK AVE. SOUTH, 3RD FLOOR NEW YORK, NY 10003 US

FEI Number: 27-0130479 FEI Number Applied For () 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:

ROLLNICK, NEIL S
396 ALHAMBRA CIRCLE
SUITE 230
CORAL GABLES, FL 33134 US
GALLAGHER, ROBERT E
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130 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: ROBERT E. GALLAGHER 05/25/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: ORTEGA, JUAN Name: ETZEL, STEVE

Address: 396 ALHAMBRA CIRCLE #230 Address: C/O MGMT. OFFICE, 3573 CONROY ROAD

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: ORLANDO, FL 32839

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

Name: GITLIN, BRIAN Name: NIEMIEC, ANGELA

Address: 396 ALHAMBRA CIRCLE #230 Address: C/O MGMT. OFFICE, 3573 CONROY ROAD

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: ORLANDO, FL 32839

Title: TD () Delete Title: TD (X) Change () Addition Name: CRUZ, KATALINA Name: FROHLICH, SETH

Address: 396 ALHAMBRA CIRCLE #230 Address: C/O MGMT. OFFICE, 3753 CONROY ROAD

City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: ORLANDO, FL 32839

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: STEVE ETZEL P 05/25/2007