


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90025 001 ****61.25

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1. Entity Name
 503 - 508 75TH STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 503 - 508 75TH ST.
 MIAMI BEACH, FL 33141

Mailing Address
 P.O.BOX 402507
 MIAMI BEACH, FL 33140

40095300



DO NOT WRITE IN THIS SPACE

04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number
 20-4158589

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

COMPLETE PROPERTY MANAGEMENT RESOURCES INC
 3550 BISCAYNE BLVD.
 SUITE 401
 MIAMI, FL 33137

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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 BORRAZAS, ERIC 6361 SW 36 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T CHAVEZ, VIVIAN A 6361 SW 36 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, JOHN 6015 SW 32 STREET MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: _____ **4/27/2007**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #