
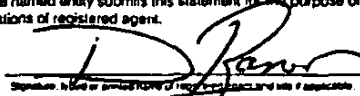



**FILED**  
**Jun 16, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90052 020 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N05000010830</b>			
1. Entity Name <b>ADELANTE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>8501-09 CRESPI BLVD. MIAMI BEACH, FL 33141</b>		Mailing Address <b>2498 PRAIRIE AVENUE MIAMI BEACH, FL 33140</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>707 5th ST</b>	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State <b>MIAMI BEACH, FLA</b>		4. FEI Number APPLIED FOR	
Zip <b>33139</b>	Country <b>MIAMI-DADE</b>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>LIFSHULTZ, DAVID 2498 PRAIRIE AVENUE MIAMI BEACH, FL 33140</b>		7. Name and Address of New Registered Agent Name <b>DAVID RAPOSO</b> Street Address (P.O. Box Number is Not Acceptable) <b>707 5th ST</b> City <b>MIAMI BEACH</b> FL Zip Code <b>33139</b>	
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:  <b>DAVID RAPOSO AGENT</b> 4/3/08 DATE: 4/3/08			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>P</b> <b>LIFSHULTZ, DAVID</b> <b>2498 PRAIRIE AVENUE</b> <b>MIAMI BEACH, FL 33140</b>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>President</b> <b>RALPH FLORES</b> <b>14524 SW 76th St</b> <b>Miami, FL 33183</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Vice President</b> <b>Eduard Fernandez</b> <b>364 Payne Drive</b> <b>Miami Springs, FL 33166</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Treasurer</b> <b>Nora Flores</b> <b>14524 SW 76th St</b> <b>Miami, FL 33183</b>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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:  <b>RALPH FLORES</b>		DATE: 4/6/08 Phone: 305-385-8875	

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04032008 Chg-NP CR2E037 (12/06)