

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010830

FILED
Mar 27, 2009
Secretary of State

Entity Name: ADELANTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

8501-09 CRESPI BLVD.
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

707 5TH ST
MIAMI BEACH, FL 33139

New Mailing Address:

PO BOX 961206
MIAMI, FL 33296

FEI Number: 20-4494923

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAPOSO, DAVID
707 5TH ST
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

FLORES, NORA M
14524 SW 76 STREET
MIAMI, FL 33183 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: NORA M. FLORES

03/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORES, RALPH
Address: 14524 SW 79 ST
City-St-Zip: MIAMI, FL 33183

Title: V () Delete
Name: FERNANDEZ, EDUARD
Address: 364 PAYNE DR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: T () Delete
Name: FLORES, NORA
Address: 14524 SW 76 ST
City-St-Zip: MIAMI, FL 33183

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FLORES, RALPH
Address: 14524 SW 76 ST
City-St-Zip: MIAMI, FL 33183

Title: VP (X) Change () Addition
Name: FERNANDEZ, EDWARD
Address: 364 PAYNE DR
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: T (X) Change () Addition
Name: FLORES, NORA M
Address: 14524 SW 76 ST
City-St-Zip: MIAMI, FL 33183

Title: S () Change (X) Addition
Name: FLORES, NORA M
Address: 14524 SW 76 STREET
City-St-Zip: MIAMI, FL 33183

Title: VP () Change (X) Addition
Name: CORZO, RAUL
Address: 14201 SW 66 STREET #508A
City-St-Zip: MIAMI, FL 33183

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: NORA M. FLORES

T

03/27/2009

Electronic Signature of Signing Officer or Director

Date