

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012230

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: 3145 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3009 DAY AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

3009 DAY AVENUE  
MIAMI, FL 33133

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLEMENS, PIA  
3009 DAY AVENUE  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

CLEMENS, PIA  
3145 DAY AVENUE #1  
MIAMI, FL 33133 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:

01/22/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CLEMENS, PAI  
Address: 3009 DAY AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: DVPS ( ) Delete  
Name: DIAZ, RENE  
Address: 3009 DAY AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: DT ( ) Delete  
Name: BARRIO, JOSE  
Address: 3009 DAY AVENUE  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: WATERWALL, DESIREE  
Address: 3145 DAY AVENUE #2  
City-St-Zip: MIAMI, FL 33133

Title: DVPS (X) Change ( ) Addition  
Name: CLEMENS, PIA  
Address: 3009 DAY AVENUE  
City-St-Zip: MIAMI, FL 33133

Title: DT (X) Change ( ) Addition  
Name: CLEMENS, PIA  
Address: 3009 DAY AVENUE  
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: PIA CLEMENS

DT

01/22/2007

Electronic Signature of Signing Officer or Director

Date