


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90099 041 ****61.25

DOCUMENT # N06000000414					
1. Entity Name METROPOLIS I AT DADELAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1200 BRICKELL AVENUE SUITE 1800 MIAMI, FL 33131			Mailing Address 1200 BRICKELL AVENUE SUITE 1800 MIAMI, FL 33131 <i>c/o The Continental Group</i>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 11981 SW 144 Ct Suite, Apt. #, etc. Ste #201		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State Miami, FL		
Zip		Country		Zip 33186	
Country		Country		4. FEI Number 20-4364353	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTIN, PEDRO 1200 BRICKELL AVENUE SUITE 1800 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, PEDRO 1200 BRICKELL AVENUE #1800 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FERGUSON, GARY 1200 BRICKELL AVENUE #1800 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORTIZ, JENNY 1200 BRICKELL AVENUE #1800 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Annette Martin 1200 Brickell Ave. #1800 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Natalie Nieto P 1200 Brickell Ave. #1800 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD Annette Martin 1200 Brickell Ave. #1800 Miami, FL 33131	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: <i>Jennifer Ortiz</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 1/18/06					
Daytime Phone #: 305-777-3691					