

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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  
C/O THE CONTINENTAL GROUP  
11981 SW 144TH CT SUITE 201  
MIAMI, FL 33186

2. Principal Place of Business - No P.O. Box #  
9055 SW 73 Ct.

3. Mailing Address  
c/o The Continental Group

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11981 SW 144 Ct. Ste 201

City & State  
Miami, FL

City & State  
Miami, FL

04242007 Chg-NP CR2E037 (12/06)



Zip  
33156

Country  
US

Zip  
33156

Country  
US

4. FEI Number  
20-4364353

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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  
Jerry Green, Esq.  
Street Address (P.O. Box Number is Not Acceptable)  
7700 N. Kendall Drive, Ste 507  
City  
Miami FL Zip Code  
33156

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

*[Signature]* President  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

07-24-07  
DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, PEDRO 1200 BRICKELL AVENUE #1800 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ONETTO, RAIMUNDO 1200 BRICKELL AVE SUITE 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD MARTIN, ANNETTE 1200 BRICKELL AVE SUITE 1800 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD NIETO, NATALIE R 1200 BRICKELL AVE SUITE 1800 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Janis Barnet 9055 SW 73 Ct. # 809, Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Gerald Pollock 9055 SW 73 Ct. # 1005, Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Evan Goldman 9055 SW 73 Ct. # 807, Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Rene Garcia 9055 SW 73 Ct. # 2102, Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Nancy Blount 9055 SW 73 Ct. # 206, Miami, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i> <input type="checkbox"/> Change <input 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:

*[Signature]* President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-24-07