

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

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90074 008 \*\*\*\*61.25

**DOCUMENT # N06000000521**

1. Entity Name  
**PRISM CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
400 ARTHUR GODFREY ROAD  
SUITE 200  
MIAMI BEACH, FL 33140

Mailing Address  
400 ARTHUR GODFREY ROAD  
SUITE 200  
MIAMI BEACH, FL 33140

**40088194**



**DO NOT WRITE IN THIS SPACE**

03122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

☒ Applied For  
☐ Not Applied

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

REGISTERED AGENTS OF FLORIDA, L.L.C.  
100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 33131-2130

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IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME SHEPPARD, ERIC D  
STREET ADDRESS 400 ARTHUR GODFREY ROAD #200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE VD  
NAME UTNER, DIETER  
STREET ADDRESS 400 ARTHUR GODFREY ROAD #200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE STD  
NAME GRAFF, JEFF  
STREET ADDRESS 400 ARTHUR GODFREY ROAD #200  
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

4/24/08