2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State
04-17-2007 90050 018 ****61.25

DOCUMENT # N06000003297

1. Entity Name

MUSEUM PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
200 S ANDREWS AVE FT LAUDERDALE FL 33301	200 S ANDREWS AVE FT LAUDERDALE FL 33301

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
200 S. Andrews Ave	800 Corporate Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste. 700
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale FL
Zip: 33301 Country: Braward	Zip: 33334 Country: Braward

4. FEI Number: 20 4733689 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIELDSTONE, RONALD R 201 ALHAMBRA CIR STE 601 CORAL GABLES FL 33134	Name: Lynn-Ann Iemma Street Address (P.O. Box Number is Not Acceptable): 800 Corporate Dr Ste. 700 City: Ft Lauderdale FL Zip Code: 33334

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] DATE

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2007

Paid

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PTD SHOSHANI, NIR 18425 NW 2ND AVE MIAMI GARDENS FL 33169	☐ Delete	D Azadi, Arman 200 S Andrews Ave, 8th FL Ft. Lauderdale, FL 33301	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VSD GOTTESMANN, RON 18425 NW 2ND AVE MIAMI GARDENS FL 33169	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D DOBIN, JOSH 18425 NW 2ND AVE MIAMI GARDENS FL 33169	☑ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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] (305) 493-2016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #