2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 29, 2008 8:00 am
Secretary of State
05-01-2008 90221 014 ****61.25

DOCUMENT # N06000003682

1. Entity Name
LOS ROBLES CONDOMINIUM ASSOCIATION, INC.

66012639

Principal Place of Business	Mailing Address
17 EAST FLAGLER STREET SUITE 111 MIAMI, FL 33131	17 EAST FLAGLER STREET SUITE 111 MIAMI, FL 33131

04282008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
17 E Flagler ST.	POBox 13351
Suite, Apt. #, etc.: 219	Suite, Apt. #, etc.:
City & State: Miami, Fl.	City & State: Miami, Fl.
Zip: 33131 Country: USA	Zip: 33101 Country: USA

4. FEI Number APPLIED FOR 26-0465377 ☐ 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
BLAXBERG, I. BARRY ESQ. 25 SE SECOND AVENUE SUITE 730 MIAMI, FL 33131	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 _____
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

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 SHERMAN, JEFF 17 EAST FLAGLER STREET, SUITE 111 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Sherman Jeff 17 E Flagler ST. Suite 219 Miami, Fl. 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SHERMAN, THELMA 17 EAST FLAGLER STREET, SUITE 111 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Sherman Thelma 17 E Flagler ST. Suite 219 Miami, Fl. 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD HAGEN, IAN 17 EAST FLAGLER STREET, SUITE 111 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TSD HagenIan 17 E. Flagler ST. Suite 219 Miami, Fl. 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ 4/28/08 305 3750720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #