## 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000006341

FILED Sep 17, 2008 Secretary of State

Entity Name: 500 SOUTH DIXIE HIGHWAY CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

500 S. DIXIE HIGHWAY, SUITE 307 CAPE GABLES, FL 33146

500 S. DIXIE HIGHWAY, SUITE 307

CORAL GABLES, FL 33146

**Current Mailing Address:** 

**New Mailing Address:** 

500 S. DIXIE HIGHWAY, SUITE 307 CAPE GABLES, FL 33146

500 S. DIXIE HIGHWAY, SUITE 307

CORAL GABLES, FL 33146

FEI Number: 20-5813383

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WHITE, HAROLD D

500 S. DIXIE HIGHWAY, SUITE 307 CAPE GABLES, FL 33146

SKINNER, TRUMAN A 500 S. DIXIE HIGHWAY, SUITE 307

CORAL GABLES, FL 33146

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.

SIGNATURE: TRUMAN A SKINNER

09/17/2008

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete

Name:

WHITE, HAROLD D

500 S. DIXIE HIGHWAY, SUITE 307 Address:

City-St-Zip: CORAL GABLES, FL 33146

Title: DS () Delete

SKINNER, TRUMAN Name:

Address: 500 S. DIXIE HIGHWAY, SUITE 307

City-St-Zip: CORAL GABLES, FL 33146

Title: () Delete TORRE, VENANCIO I Name:

500 S. DIXIE HIGHWAY, SUITE 307 Address:

City-St-Zip: CORAL GABLES, FL 33146 (X) Change ( ) Addition

SKINNER, TRUMAN A Name:

Address: 500 S. DIXIE HIGHWAY, SUITE 307

City-St-Zip: CORAL GABLES, FL 33146

Title: (X) Change ( ) Addition

Name: DE LEON, NELSON

Address: 500 S. DIXIE HIGHWAY, SUITE 310

City-St-Zip: CORAL GABLES, FL 33146

Title: (X) Change ( ) Addition

Name: MILLARES, RUBEN

500 S. DIXIE HIGHWAY, SUITE 201 Address: City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRUMAN A SKINNER DP 09/17/2008