

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007278

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** AVENTURA MARINA TWO CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

FEIN & MELONI, ESQS.  
900 SW 40TH AVENUE  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

FEIN & MELONI, ESQS.  
900 SW 40TH AVENUE  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 20-5194151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELONI, EDOARDO ESQ.  
900 SW 40TH AVENUE  
PLANTATION, FL 33317      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: LUMER, GUSTAVO  
Address: 900 SW 40TH AVENUE  
City-St-Zip: PLANTATION, FL 33317

Title: DV      ( ) Delete  
Name: SILVERSMITH, LILA  
Address: 900 SW 40TH AVENUE  
City-St-Zip: PLANTATION, FL 33317

Title: T      ( ) Delete  
Name: TERAN, LUIS  
Address: 3330 NE 190 ST #2315  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GUSTAVO LUMER

Electronic Signature of Signing Officer or Director

PRES

01/14/2009

\_\_\_\_\_ Date