

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008369

FILED  
Jul 11, 2009  
Secretary of State

Entity Name: ASSOCIATION OF ALLAPATTAH CONDOMINIUM, INC

## Current Principal Place of Business:

1525 NW 19 TERRACE  
APT 14  
MIAMI, FL 33125

## New Principal Place of Business:

## Current Mailing Address:

1525 NW 19 TERRACE  
APT 14  
MIAMI, FL 33125

## New Mailing Address:

FEI Number: 02-0584292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

LAGO, JOSE  
1525 NW 19 TERRACE  
10  
MIAMI, FL 33125 US

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: P ( ) Delete  
Name: LAGO, JOSE  
Address: 1525 NW 19 TERRACE APT. 14  
City-St-Zip: MIAMI, FL 33125

Title: VP ( ) Delete  
Name: RODRIGUEZ, ABEL  
Address: 1525 NW 19 TERRACE  
City-St-Zip: MIAMI, FL 33125

Title: T ( ) Delete  
Name: ESTRADA, JORGE  
Address: 1525 NW 19 TERRACE  
City-St-Zip: MIAMI, FL 33125

Title: S ( ) Delete  
Name: CUADRA, ROSMERY  
Address: 1525 NW 19 TERRACE APT. 26  
City-St-Zip: MIAMI, FL 33125

Title: D ( ) Delete  
Name: JIMENEZ, ADA  
Address: 1525 NW 19 TERRACE  
City-St-Zip: MIAMI, FL 33125

## 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:

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: JOSE LAGO

P

07/11/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date