


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N06000009191**

1. Entity Name  
 BIRD WINGATE WAREHOUSE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business      Mailing Address

4300 SW 73 AVE., STE. 105      4300 SW 73 AVE., STE. 105  
 MIAMI, FL 33155      MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-NP      CR2E037 (4/06)

4. FEI Number  
 20-8856365      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CRUZ, JOSEPHINE  
 4300 SW 73 AVE., STE. 105  
 MIAMI, FL 33155

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOT Registered Agent signature required when reissuing)      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

**10. OFFICERS AND DIRECTORS**

TITLE: DP  
 NAME: SMITH, ALAN  
 STREET ADDRESS: 4300 SW 73 AVE., STE. 105  
 CITY-ST-ZIP: MIAMI, FL 33155

TITLE: D  
 NAME: CRUZ, JOSEPHINE  
 STREET ADDRESS: 4300 SW 73 AVE., STE. 105  
 CITY-ST-ZIP: MIAMI, FL 33155

TITLE: D  
 NAME: TKACH, CONRAD  
 STREET ADDRESS: 4300 SW 73 AVE., STE. 105  
 CITY-ST-ZIP: MIAMI, FL 33155

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

UD00000930102  
 05/21/08-80094-026 61.25

**DO NOT WRITE IN THIS SPACE**

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 authorized

**SIGNATURE:** *Josephine Cruz*      4/22/08      305-262-6684

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Docket/Printout #