

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90017 006 ****61.25

DOCUMENT # N06000011860 1. Entity Name TWO MIDTOWN MIAMI CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 3110 NE 2ND AVE MIAMI, FL 33137		Mailing Address 3110 NE 2ND AVE MIAMI, FL 33137	
2. Principal Place of Business - No P.O. Box # 3470 EAST COAST AVENUE Suite, Apt. #, etc.		3. Mailing Address 3470 EAST COAST AVE. Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33137		Zip 33137	
Country USA		Country USA	
4. FEI Number 20-5894369		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAMUEL, MICHAEL 3110 NE 2ND AVE MIAMI, FL 33137		7. Name and Address of New Registered Agent Name Daniel Cayre Street Address (P.O. Box Number is Not Acceptable) 3470 EAST COAST AVENUE City Miami FL 33137	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 45%; text-align: right;"> DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP CAYRE, JACK 3110 NE 2ND AVE MIAMI, FL 33137	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition DVP Daniel Cayre 3470 East Coast Avenue Miami, Florida 33137
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVP PFEFFER, DANIEL 3110 NE 2ND AVE MIAMI, FL 33137	TITLE	DST Beverly Fray 3470 East Coast Avenue Miami, Florida 33137
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
		<small>Date</small> _____ <small>Daytime Phone #</small> _____	