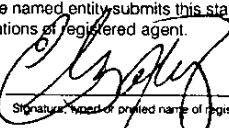
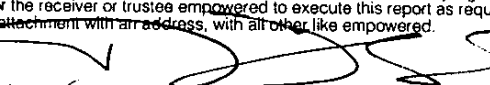


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90032 050 ****70.00

DOCUMENT # N06000013037 1. Entity Name 427 BILTMORE WAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 405 BILTMORE WAY CORAL GABLES, FL 33134			Mailing Address 405 BILTMORE WAY CORAL GABLES, FL 33134		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-6000293	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RIVERA, OSCAR R ESQ. SIEGFRIED, RIVERA, LERNER, DE LA TORRE 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name <u>ELIZABETH M. HERNANDEZ, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>CITY OF CORAL GABLES</u> <u>405 BILTMORE WAY</u> City <u>CORAL GABLES</u> FL Zip Code <u>33134</u>		
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  Signature, word or printed name of registered agent and title if applicable			DATE <u>3/11/08</u> (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 NAME STREET ADDRESS CITY- ST- ZIP	PD SLESNICK, DON 405 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD KERDICK, WILLIAM H JR 405 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	KERDYK, WILLIAM H. JR. ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WITHERS, WAYNE E 405 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VSD ANDERSON, MARIA 405 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD CABRERA, RAFAEL JR 405 BILTMORE WAY CORAL GABLES, FL 33134	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE <u>3/11/08</u> Daytime Phone # <u>305/460-5220</u>		

40045425



01102008 Chg-NP CR2E037 (12/06)