2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N06000013037

Entity Name: 427 BILTMORE WAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

% CITY OF CORAL GABLES
405 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

% CITY OF CORAL GABLES
405 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-6000293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HERNANDEZ, ELIZABETH M ESQ
CITY OF CORAL GANES
405 BILTMORE WAY
CORAL GABLES, FL 33134 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:	PD	( ) Delete
Name:	SLESNICK, DON	
Address:	405 BILTMORE WAY	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	KERDOYK, WILLIAM H JR.	
Address:	405 BILTMORE WAY	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VD	( ) Delete
Name:	WITHERS, WAYNE E	
Address:	405 BILTMORE WAY	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VSD	( ) Delete
Name:	ANDERSON, MARIA	
Address:	405 BILTMORE WAY	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	VTD	( ) Delete
Name:	CABRERA, RAFAEL JR	
Address:	405 BILTMORE WAY	
City-St-Zip:	CORAL GABLES, FL 33134	

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: ELIZABETH M. HERNANDEZ RA 04/06/2009

Electronic Signature of Signing Officer or Director — Date