2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2009
Secretary of State

DOCUMENT# N07000000751

Entity Name: THE LUXOR RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2301 SW 27 AVE
UNIT 1006
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2301 SW 27 AVE
UNIT 1006
MIAMI, FL 33145

New Mailing Address:

FEI Number: 68-0645416 **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:

HOFFMAN, STEPHEN V ESQ
1500 N. FEDERAL HWY #200
FT LAUDERDALE, FL 33304 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:	D	( ) Delete
Name:	GARCIA, HECTOR	
Address:	2301 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	
Title:	PD	( ) Delete
Name:	SOTO, JOSE	
Address:	2301 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	
Title:	D	( ) Delete
Name:	SABBAGH, EDGAR	
Address:	2301 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	
Title:	VD	( ) Delete
Name:	CONNAL, SCOTT	
Address:	2301 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	
Title:	TD	( ) Delete
Name:	NOBO, MARTA M	
Address:	2301 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	
Title:	S	( ) Delete
Name:	BUXO, ANTONIA	
Address:	2301 SW 27 AVE	
City-St-Zip:	MIAMI, FL 33145	

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:	
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: MARTA NOBO TD 09/02/2009

Electronic Signature of Signing Officer or Director — Date