

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000855

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** AIRLINE ESTATES CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10800 S.W. 139 ROAD  
MIAMI, FL 33176

**New Principal Place of Business:**

**Current Mailing Address:**

10800 S.W. 139 ROAD  
MIAMI, FL 33176

**New Mailing Address:**

**FEI Number:** 20-8995915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIYAR, RAMON  
10800 S.W. 139 ROAD  
MIAMI, FL 33176 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: DP ( ) Delete  
Name: VERCILLEN, FRANTZ  
Address: 1874 NW 92 STREET UNIT A  
City-St-Zip: MIAMI, FL 33147

Title: DVP ( ) Delete  
Name: VERCILLEN, ACEPHIE  
Address: 1874 NW 92 STREET UNIT A  
City-St-Zip: MIAMI, FL 33147

Title: DT ( ) Delete  
Name: MIYAR, RAMON  
Address: 10800 S.W. 139 ROAD  
City-St-Zip: MIAMI, FL 33176

Title: DS ( ) Delete  
Name: MORENO-MIYAR, PILAR  
Address: 10800 S.W. 139 ROAD  
City-St-Zip: MIAMI, FL 33176

**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:

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: RAMON MIYAR

DT

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date