

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008875

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** 55 MERRICK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD  
PH-1  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

55 MERRICK WAY  
MANAGEMENT OFFICE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD  
PH-1  
CORAL GABLES, FL 33134

**New Mailing Address:**

55 MERRICK WAY  
MANAGEMENT OFFICE  
CORAL GABLES, FL 33134

FEI Number: 26-0881973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
#1102  
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: P  
Name: ESTRELLA, DAVID  
Address: 55 MERRICK WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: IGLESIA, MATILDE  
Address: 55 MERRICK WAY  
City-St-Zip: CORAL GABLES, FL 33134

Title: S/T  
Name: BLOUGH, JAMES  
Address: 55 MERRICK WAY  
City-St-Zip: CORAL GABLES, FL 33134

I hereby 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 all other like empowered.

SIGNATURE: DAVID ESTRELLA

P

04/20/2011

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

\_\_\_\_\_  
Date