## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000010871

Entity Name: 129 PLAZA CONDOMINIUM ASSOCIATION, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

Current Mailing Address: New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

MARTINI, GREGORY T ESQ
2655 LEJEUNE ROAD STE 1101
CORAL GABLES, FL 33134 US
LUCY, PERALTA
13000 SW 120 ST.
MIAMI,, FL 33186 US

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: LUCY PERALTA 04/28/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 CODESO, JAVIER E
 Name:
 CODESO, JAVIER E

 Address:
 1550 MADRUGA AVNUE STE 333
 Address:
 12360 SW 129 CT.

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 MIAMI, FL 33186

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 CODESO, NICOLETTE
 Name:
 CODESO, NICOLETTE

 Address:
 1550 MADRUGA AVNUE STE 333
 Address:
 12360 SW 129 CT

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 MIAMI, FL 33186

Title: DST ( ) Delete Title: DST (X) Change ( ) Addition

 Name:
 MEISER, MICHAEL M
 Name:
 MEISER, MICHAEL M

 Address:
 1550 MADRUGA AVNUE STE 333
 Address:
 12360 SW 129 CT.

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:
 MIAMI, FL 33186

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: LUCY PERALTA MANA 04/28/2009