## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N08000005145

FILED Apr 27, 2009 Secretary of State

Entity Name: EVERGLADES ON THE BAY SOUTH CONDOMINIUM ASSOCIATION, INC.

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

19950 W. COUNTRY CLUB DR., SUITE 900 253 NE 2ND STREET AVENTURA, FL 33180 MIAMI, FL 33136

Current Mailing Address: New Mailing Address:

19950 W. COUNTRY CLUB DR., SUITE 900 253 NE 2ND STREET AVENTURA, FL 33180 MIAMI, FL 33136

FEI Number: 26-3538830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

RIVERA, OSCAR R ESQ.

201 ALHAMBRA CIRCLE, SUITE 1102

CORAL GABLES, FL 33134 US

AMKIE, ELIAS

253 NE 2ND STREET

MIAMI, FL 33136 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: ELIAS AMKIE 04/27/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 AMKIE, ELIAS
 Name:
 AMKIE, ELIAS

 Address:
 19950 W. COUNTRY CLUB DR., SUITE 900
 Address:
 253 NE 2ND STREET

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 MIAMI, FL 33136

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

 Name:
 HARARI, RAFAEL
 Name:
 HARARI, RAFAEL

 Address:
 19950 W. COUNTRY CLUB DR., SUITE 900
 Address:
 253 NE 2ND STREET

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 MIAMI, FL 33136

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

 Name:
 PIQUE, SANDY
 Name:
 PIQUE, SANDY

 Address:
 19950 W. COUNTRY CLUB DR., SUITE 900
 Address:
 253 NE 2ND STREET

 City-St-Zip:
 AVENTURA, FL 33180
 City-St-Zip:
 MIAMI, FL 33136

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: ELIAS AMKIE PD 04/27/2009