
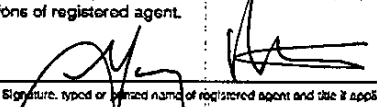



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90005 013 ****61.25

DOCUMENT # N12103					
1. Entity Name SOUTHVIEW AT AVENTURA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3350/3440 NE 192ND STREET AVENTURA, FL 33180		Mailing Address 2950 N 28TH TERR HOLLYWOOD, FL 33020			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0675434	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
THE CONTINENTAL GROUP, INC. 2950 N 28TH TERR HOLLYWOOD, FL 33020			Name <u>GARY MAES / Hyman Spector 3 MAES, LLP.</u> Street Address (P.O. Box Number is Not Acceptable) <u>Courthouse Tower</u> <u>150 Flagler St 270</u> City <u>Miami</u> FL Zip Code <u>33130</u>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE <u>1/27/06</u>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RENDINE, FRANK	NAME	Christopher JOYCE		
STREET ADDRESS	3350 NE 192ND STREET, (B-2P)	STREET ADDRESS	3440 NE 192nd St (A-2L)		
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Aventura, FL 33180		
TITLE	T <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOYCE, CHRISTOPHER	NAME	Robert F. Delpino		
STREET ADDRESS	3440 NE 192 STREET, (A-2L)	STREET ADDRESS	3440 NE 192nd St (A-5H)		
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Aventura, FL 33180		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MENDOZA, GENOVEVA	NAME	Alexander L. Winkler		
STREET ADDRESS	3350 NE 192ND STREET, (B-4B)	STREET ADDRESS	3440 NE 192nd St (A-2E)		
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Aventura FL 33180		
TITLE	S <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TORNBERG, LARRY	NAME	John Andriulli		
STREET ADDRESS	3350 NE 192ND STREET, (B-5J)	STREET ADDRESS	3350 N.E. 192nd St (B-2C)		
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP	Aventura, FL 33180		
TITLE	P. <input type="checkbox"/> Delete	TITLE			
NAME	DELPINO, ROBERT F.	NAME			
STREET ADDRESS	3440 NE 192ND STREET, (A-5H)	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE			
NAME	TORRES, JOHN	NAME			
STREET ADDRESS	3440 NE 192ND STREET, (A-4N)	STREET ADDRESS			
CITY-ST-ZIP	AVENTURA, FL 33180	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.					
SIGNATURE: 		DATE: <u>1/27/05</u>		DAYTIME PHONE: <u>305-807-2512</u>	
SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	