


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90040 005 ****70.00

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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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40010066



01092007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0675434

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARS, GARY
 150 FLAGLER STE 270
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOYCE, CHRISTOPHER <input checked="" type="checkbox"/> Delete 3440 19 2ND ST A-2L MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASLPZO, ROBERT F <input checked="" type="checkbox"/> Delete 3440 NE 192 STREET, (A-2L) AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, GENOVEVA <input type="checkbox"/> Delete 3350 NE 192ND STREET, (B-4B) AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORNBERG, LARRY <input checked="" type="checkbox"/> Delete 3350 NE 192ND STREET, (B-5J) AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELPINO, ROBERT F <input checked="" type="checkbox"/> Delete 3440 NE 192ND STREET, (A-5H) AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TORRES, JOHN <input type="checkbox"/> Delete 3440 NE 192ND STREET, (A-4N) AVENTURA, FL 33180

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOYCE, CHRISTOPHER 3440 NE 192 ST., # A-2L AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T WINKLER, ALEXANDER 3440 NE 192 ST., # A-2E AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D KWITNEY, SHARI 3440 NE 192 ST., # A-4H AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D ANDRIULLI, JOHN 3350 NE 192 ST., B-2C AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S DELPINO, ROBERT 3440 NE 192 ST., # A-5H AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: John Torres 1/18/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #