2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 26, 2008 8:00 am Secretary of State

1. Entity Nam	MEN I # N15104 ORE 10 CONDOMINIUM A	SSOCIATION, INC.				03-26-2008	90024 043	****61.2	5
Principal Plac 1270 SOUTH HOMESTEAD	I FRANKLIN AVE.	Mailing Address PO BOX 924176 HOMESTEAD, FL 330	92		guv 		111 BARL O'RH BLOU GI	511. 518 11 81811 818	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						<u> </u>	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03132008	Chg-NP	CR2E0	37 (12/06)	
City & Stat	е	City & State			4. FEI Numbe 59-268			1	oplied For ot Applicable
Zip	Country	Zip	Cou	intry	5. Certificate	of Status Desir	ed 🔲	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of N	ew Registered		
REHR MI	CHAEL E ESQ			Name					
	ADELAND BLVD., SUITE 550				Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL									
				City		 	FL	Zip Cod	e
	named entity submits this statement follows of registered agent.	or the purpose of changing it	s registere	ed office or	registered agent, or bot	th, in the State	of Florida. I am	familiar with,	and accept
		or the purpose of changing it	s registere	ed office or	registered agent, or bot	th, in the State	of Florida. I am	familiar with,	and accept
	ions of registered agent.				registered agent, or bol	th, in the State of	of Florida. I am	familiar with,	and accept
the obligat	ions of registered agent.		TE: Registered	d Agent signali		ie .	<u></u> -	k payable t	-
the obligat	ions of registered agent. Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	and title if applicable. (NC 9. Election Ca Trust/Fund	TE: Registered	d Agent signali	standard when reinstating) \$5.00 May B Added to Fees	ie	DATE Make checi Florida Depai	k payable t	o tate
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12. I hereby certify that the information supplied with this filling 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 trystee 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

Daytima Phone #