

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N16689

1. Entity Name
**THE DEAUVILLE HOTEL CONDOMINIUM ASSOCIATION,
INC.**



Principal Place of Business
**6701 COLLINS AVENUE
ST. JULIEN ROOM
MIAMI BEACH, FL 33141**

Mailing Address
**5101 COLLINS AVENUE
MANAGEMENT OFFICE
MIAMI BEACH, FL 33140**



04212008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2725449

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZARETSKY, LOUIS D.
555 N.E. 15TH STREET
SUITE 100
MIAMI, FL 33132**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME MERUELO, HOMERO SR.
STREET ADDRESS 5101 COLLINS AVENUE, MANAGEMENT OFFICE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME MERUELO, BELINDA
STREET ADDRESS 5101 COLLINS AVENUE, MANAGEMENT OFFICE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE D
NAME ENGLANDER, SHIRLEY
STREET ADDRESS 6701 COLLINS AVENUE
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____