

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21566

FILED
Feb 24, 2009
Secretary of State

Entity Name: MAJORCA PLAZA CONDOMINIUM 1 ASSOCIATION, INC.

Current Principal Place of Business:

37 MAJORCA AVENUE
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

37 MAJORCA AVENUE
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0082602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALL, MARIA
37 MAJORCA AVENUE
CORAL, FL 33134 US

Name and Address of New Registered Agent:

BLANCA, REHOROSVSKY
37 MAJORCA AVENUE
201
CORAL GABLES, FL 33134 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: BLANCA REHOROSVSKY 02/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VDAS () Delete
Name: KOHLENBERG, SAM
Address: 37 MAJORCA AVENUE # 501
City-St-Zip: CORAL GABLES, FL 33134

Title: T/D () Delete
Name: SHOBE, CAROL
Address: 37 MAJORCA AVENUE, #203
City-St-Zip: CORAL GABLES, FL 33134

Title: PDS () Delete
Name: FLYNN, JAYNE
Address: 37 MAJORCA AVENUE # 304
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: FLYNN, JAYNE
Address: 37 MAJORCA AVENUE # 304
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VICE (X) Change () Addition
Name: DIRKS, PAUL
Address: 37 MAJORCA AVENUE # 403
City-St-Zip: CORAL GABLES, FL 33134

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: JAYNE FLYNN PRES 02/24/2009
Electronic Signature of Signing Officer or Director Date