2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2008 8:00 am Secretary of State

	ANNUAL	. KEPUK I		Þ	Seci ei	iaiy oi s	olale	
1. Entity Nam	MENT # N23726 EACH HOMEOWNERS AS	SOCIATION, INC.				98 90157 048 ***	**61.25	
6500 PRADO BOULEVARD 650			Mailing Address 6500 Prado Boulevard Coral Gables, FL 33143 US				: 	
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072008 C	hg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Number 65-003600)4	J	plied For at Applicable	
Zip	Country	Zip	Country	5. Certificate of St	atus Desired	□ \$8.75 Add Fee Required		
	6. Name and Address of Current	Registered Agent		7. Name and Add	ress of New Re	gistered Agent		
BUSTAMA	NTE, LIA C	Name 60	Name Barbara Fandino-Capin					
6500 PRADO BOULEVARD CORAL GABLES, FL 33143			StreetAddres	s (20 Box Numberia	"iouriou	ement		
001012 07 15220, 7 2 00 1 10			251	2510 NW 97 Ave St. 200				
			City Mi	ami	•	FL Zincod	\$172	
	named entity submits this statement fo	or the purpose of changing its	registered office or regis	tered agent, or both, in	the State of Flor	ida. I am familiar with,	and accept	
are conga	diona of registered agents.	· _				110	l	
SIGNATURE	2	>				4114 OY		
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requ	ired when reinstating)		OATÉ		
· ······ • · · · · · · · · · · · · · ·			mpaign Financing Contribution.	\$5.00 May Be Added to Fees	1	ke check payable to la Department of St	1	
10.	OFFICERS AND DE	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS IN	10	
TITLE	VP	☐ Delete	TITLE			☐ Change	☐ Addition	
NAME	ERTEL, DAVID		NAME ATTECT ADDRESS					
STREET ADDRESS CITY+ST-ZIP	6500 PRADO BOULEVARD CORAL GABLES, FL 33143		STREET ADDRESS CITY-ST-ZIP					
TITLE	S SAUTE NEEDS OF THE	. Delete	IIILE			Change	☐ Addition	
NAME STREET ADDRESS	MITTENTAG, PAUL 6500 PRADO BLVD		NAME STREET ADDRESS				}	
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS	P HARTZ, CHARLES M 6500 PRADO BLVD	☐ Delete _	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP					
TITLE NAME	D SOCOL, SHARON	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADORESS	6500 PRADO BLVD		STREET ADDRESS					
CITY-ST-ZIP	CORAL GABLES, FL 33143		CITY-ST-ZIP					
		□	mue			☐ Change	☐ Addition	
TITLE	T COLOCE ELSIE	☐ Detete						
NAME	SPIEGEL, ELSIE	∟ Detete	NAME					
		∟ Delete						
NAME STREET ADORESS	SPIEGEL, ELSIE 6500 PRADO BOULEVARD	☐ Delete	NAME STREET ADDRESS			☐ Change	☐ Addition	
NAME STREET ADORESS CITY-ST-ZIP	SPIEGEL, ELSIE 6500 PRADO BOULEVARD		NAME STREET ADDRESS CITY-ST-ZIP				☐ 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:

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR BIRECTOR

4/14/08

3056631353

Daytime Phone #