

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27257

FILED
Jan 08, 2009
Secretary of State

Entity Name: RIOPLAZA CONDOMINIUM NORTH ASSOCIATION, INC.

Current Principal Place of Business:

501 SW 1ST ST.
MIAMI, FL 33130

New Principal Place of Business:

501 SW 1ST ST.
BUILDING OFFICE
MIAMI, FL 33130

Current Mailing Address:

501 SW 1ST ST.
MIAMI, FL 33130

New Mailing Address:

501 SW 1ST ST.
BUILDING OFFICE
MIAMI, FL 33130

FEI Number: 65-0085560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VARGAS, LUIS
501 SW 1ST ST #204
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

VARGAS, LUIS F
501 SW 1ST ST #204
MIAMI, FL 33130 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: LUIS VARGAS

01/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: AGUILAR, ALEJANDRA
Address: 501 SW 1ST ST. #508
City-St-Zip: MIAMI, FL 33130

Title: P () Delete
Name: VARGAS, LUIS
Address: 501 SW 1ST ST #204
City-St-Zip: MIAMI, FL 33130

Title: S () Delete
Name: ALFONSO, LORENA
Address: 501 SW 1ST ST #206
City-St-Zip: MIAMI, FL 33130

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: AGUILAR, ALEJANDRA M
Address: 501 SW 1ST ST. #508
City-St-Zip: MIAMI, FL 33130

Title: P (X) Change () Addition
Name: VARGAS, LUIS F
Address: 501 SW 1ST ST #204
City-St-Zip: MIAMI, FL 33130

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

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: LUIS VARGAS

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date