2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 10, 2008 8:00 am Secretary of State

04-10-2008 90019 049 ****61.25

| 1. Entity Nam | MENT # N30034 EON AT THE CALIFORNIA TION NO. 1, INC. | CLUB CONDOMINIL | ML | 04-10-2008 90019 049 ****61.25 |
|--|---|---|-----------------------------------|--|
| Principal Plac 21300 SAN S NO MIAMI BE | | Mailing Address 21300 SAN SIMEON WY NO MIAMI BEACH, FL 33179 US 3. Mailing Address Suite, Apt. #, etc. 04022008 Chg-NP CR2E037 (12/06) | | |
| 2. Principal P | lace of Business - No P.O. Box # | 3. Mailing Address | <u> </u> | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04022008 Chg-NP CR2E037 (12/06) |
| City & State | 9 | City & State | | 4. FEI Number Applied For 65-0115762 Not Applied by |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| ASSAEL, M | MOISES | | Name | HELENICE REGNER |
| | SIMEON WAY | | | ddress (P.O. Box Number is Not Acceptable) 00 SAN SIMFON WAY- Club HOUSE |
| N MIAMI B | CH, FL 33179 | | | |
| | | | | 1/AM/ FL Zip Code 33/79 |
| 8. The above | named entity symits this statement for | or the purpose of changing its | registered office or | r registered agent, or both, in the State of Florida. I am familiar with, and accept |
| | ions of registered agent. | Helevice K | leanek | (President) 04/05/2008 |
| SIGNATURE | Signature, typed or printed name of registered agen | | : Registered Agent signatu | ure regulared when reinstating) DATE |
| $\overline{}$ | | | | The state of the s |
| | Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Cam Trust Fund C | npaign Financing Contribution. | \$5.00 May Be Added to Fees Make check payable to Florida Department of State |
| 10. | OFFICERS AND D | RECTORS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |
| TITLE | PD | ☐ Delete | TITLE | Change Addition |
| NAME | HELENICE, REGNCR | | NAME | REGNER, HELENICE DE CHANGE LA ADDITION |
| STREET ADDRESS | 21300 SAN SIMEON WAY, 0-6 | | STREET ADDRESS | - |
| CITY-ST-ZIP | N MIAMI BCH, FL 33179 | | CITY-ST-ZIP | |
| TITLE NAME | TD SILVEIAN, LILIAN | ☐ Delete | TITLE NAME | SILVEIRA LILIAM Thange Addition |
| STREET ADDRESS | 31300 SAN SIMPSON WAY R-3 | • | STREET ADDRESS | SILVEIRA LILIAM Change Addition 213 00 Jan Lincon Way R-3 |
| CITY-ST-ZIP | N MIAMI BCH, FL 33179 | | CITY-ST-ZIP | |
| TITLE | SD | Delete | TITLE | Change Addition |
| NAME | ASSAEL, MOISES | w | NAME | - · |
| STREET ADDRESS | 21300 SAN SIMEON WAY 0-5 | | STREET ADORESS | |
| CITY-ST-ZIP | N MIAMI BCH, FL 33179 | —————————————————————————————————————— | CITY-ST-ZIP | |
| TITLE NAME | D FERNANDEZ. MIJAEL | ☐ Delete | TITLE NAME | Change Additio |
| STREET ADDRESS | 21300 SAN SIMPSON WAY P-1 | | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI, FL 33179 | | CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | Change X Additio |
| NAME | | | NAME | ZCEUKA KOJAROVA |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | TCENTA KOLAROVA 21300 SAN JIMTON WAY R-B NMIAMI BEACH FZ 33179 |
| TITLE | | ☐ Delete | TITLE | Change Addition |
| NAME | • | — Develo | NAME | |
| STREET ADDRESS | | | STREET ADDRESS | |
| CITY-ST-ZIP | <u> </u> | | CITY-ST-ZIP | |
| indicated of the cor | on this report or supplemental report in poration or the receiver or trustee emp or on an attachment with an address. | is true and accurate and that movered to execute this report with all other like empowered. | ny signature shall ha | ontained in Chapter 119, Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director apter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if |
| SIGNAT | URE: | Sugar 7 | | 04/05/2008 3056549201 |
| | —·· | | | |

F SIGNING OFFICER OR DIRECTOR