

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2008
Secretary of State**

DOCUMENT# N32658

Entity Name: C.L.A.S. CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

11890 NW 87TH COURT
BAY 9
HIALEAH GARDENS, FL 33016 US

New Principal Place of Business:

Current Mailing Address:

11890 NW 87TH COURT
BAY 6
HIALEAH GARDENS, FL 33016 US

New Mailing Address:

FEI Number: 65-0599078 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUZORO, J. JOSEPH
11890 N.W. 87 COURT
SUITE C
HIALEAH GARDENS, FL 33018 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PENENORI, JORGE J.
Address: 11890 NW 87TH COURT, BAY 9
City-St-Zip: HIALEAH GARDENS, FL

Title: T () Delete
Name: TUNINSKAYA, GALINA
Address: 11890 NW 87 CT
City-St-Zip: HIALEAH GARDENS, FL 32018

Title: TD () Delete
Name: DELANOZ, FELIPE
Address: 11890 NW 87TH COURT, BAYS 10 & 11
City-St-Zip: HIALEAH GARDENS, FL 33018

Title: SD () Delete
Name: TUNINSKAYA, GAALINA
Address: 11890 N.W.87 CT.
City-St-Zip: HIALEAH,GARDENS, FL 33018

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PENENORI, JORGE J

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date