2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# N34080

Entity Name: SOUTH DADE BUSINESS CENTRE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT INC
14275 SW 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0143960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUDOVICI & LUDOVICI
17415 S DIXIE HWY
EDWARD P LUDOVICI ESQ
PALMETTO BAY, FL 33157 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: D ( ) Delete
Name: PORTER, PHILIP
Address: 16115 SW 117 AVE 16
City-St-Zip: MIAMI, FL

Title: VPD ( ) Delete
Name: SHARP, BYRON
Address: 16115 SW 117 AVE 1
City-St-Zip: MIAMI, FL

Title: PD ( ) Delete
Name: NEIDHART, PAUL
Address: 16115 SW 117TH AVE.
City-St-Zip: MIAMI, FL 33177

Title: DT ( ) Delete
Name: OLIVERA, ANTONIO
Address: 16115 SW 117TH AVE A-27
City-St-Zip: MIAMI, FL 33177

Title: D ( ) Delete
Name: RICHTER, DON
Address: 16115 SW 117TH AVE. A-26
City-St-Zip: MIAMI, FL 33177

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:

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: PAUL NEIDHART P 04/06/2009

Electronic Signature of Signing Officer or Director — Date