

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35008

FILED
Apr 27, 2009
Secretary of State

Entity Name: LA RIVE GAUCHE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5880 COLLINS AVENUE
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

275 FONTAINEBLEAU BLVD.
#200
MIAMI, FL 33172 US

New Mailing Address:

FEI Number: 65-0179008 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

J&M CONDO MANAGEMENT ,INC,
275 FONTAINE BLEAU BLVD #200
MIAMI, FL 33172 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: SD () Delete
Name: ALVAREZ, ALBERTO
Address: 5880 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: PD () Delete
Name: NAJA, BARRY
Address: 5880 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: KARPOVA, YANA
Address: 5880 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

Title: TD () Delete
Name: ECHEVERRI, VICTORIA
Address: 5880 COLLINS AVE. APT 1201
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD () Delete
Name: BUJAN, JESUS
Address: 100 ALMERICA AVE #230
City-St-Zip: CORAL GABLES, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: VARGAS, JUAN
Address: 5880 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: VPD (X) Change () Addition
Name: BUJAN, JESUS
Address: 100 ALMERICA AVE #230
City-St-Zip: CORAL GABLES, FL

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: BARRY NAJA

PD

04/27/2009

Electronic Signature of Signing Officer or Director

Date