

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39031

FILED  
May 01, 2009  
Secretary of State

Entity Name: 1218 DREXEL CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

1218 DREXEL AVE.  
APT 101  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

## Current Mailing Address:

15190 SW 136 ST  
18  
MIAMI, FL 33196 US

## New Mailing Address:

PO BOX 191042  
MIAMI BEACH, FL 33119 US

FEI Number: 65-0203001      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BACH, LENORA  
7600 S.W. 69 AVENUE  
MIAMI, FL 33196 US

## Name and Address of New Registered Agent:

AMERICAN PROPERTY MANAGEMENT SPECIALISTS  
1354 WASHINGTON AVENUE  
STE 225  
MIAMI BEACH, FL 33139 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: KRISTINA MANGOLD

05/01/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: SD ( ) Delete  
Name: BACH, LENORA  
Address: 7600 SW 69 AVE  
City-St-Zip: MIAMI, FL 33143

Title: TD ( ) Delete  
Name: DE LA TORRE, ARLENE  
Address: 1218 DREXEL AVENUE - UNIT 207  
City-St-Zip: MIAMI BEACH, FL 33139

Title: PD ( ) Delete  
Name: GILDERSLEEVE, JAMES  
Address: 1218 DREXEL AVENUE - UNIT 201  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPD ( ) Delete  
Name: SUTTON, JANE  
Address: 1218 DREXEL AVENUE - UNIT 207  
City-St-Zip: MIAMI BEACH, FL 33139

## 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: JAMES GILDERSLEEVE

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date