


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N39483</b>	
1. Entity Name THE ALEXANDER CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 5225 COLLINS AVENUE MIAMI BEACH, FL 33140	Mailing Address 5225 COLLINS AVENUE MIAMI BEACH, FL 33140
---	---

**DO NOT WRITE IN THIS SPACE**



02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0209894	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SKRLD, INC.  
 201 ALHAMBRA CIRCLE - STE. 1102  
 CORAL GABLES, FL 33134

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000831385  
 02/27/08-80016-010 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMIN, SIMONE 5225 COLLINS AVENUE 805 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GALBUT, RUSSELL 5225 COLLINS AVE PH 8 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ALLEN, WENDY 5225 COLLINS AVE PH 9/10 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOHMEN, DAVID 5225 COLLINS AVE MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POSADA, INGRED 5225 COLLINS AVENUE #1604 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Allen Secretary 2/13/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #