

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

09 JAN 22 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N39483

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



11192008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0209894

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

700141065157
01/16/09--01055--002 **\$1.25

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P
NAME RAYMIN, SIMONE Delete
STREET ADDRESS 5225 COLLINS AVENUE 805
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE P Change Addition
NAME GALBUT, RUSSELL
STREET ADDRESS 5225 COLLINS AVE PH-08
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE V Delete
NAME GALBUT, RUSSELL
STREET ADDRESS 5225 COLLINS AVE PH 8
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE V Change Addition
NAME DOHMEN, DAVID
STREET ADDRESS 5225 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE S Delete
NAME ALLEN, WENDY
STREET ADDRESS 5225 COLLINS AVE PH 9/10
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE V Change Addition
NAME BOYSON, AUDREY
STREET ADDRESS 5225 COLLINS AVE #1619
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE V Delete
NAME DOHMEN, DAVID
STREET ADDRESS 5225 COLLINS AVE
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE S Change Addition
NAME DAVIS, YOSEF
STREET ADDRESS 5225 COLLINS AVE #603
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE T Delete
NAME POSADA, INGRED
STREET ADDRESS 5225 COLLINS AVENUE #1604
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE T Change Addition
NAME POSADA, INGRED
STREET ADDRESS 5225 COLLINS AVE #1604
CITY-ST-ZIP MIAMI BEACH, FL 33140

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

400138346314
12/01/08--01072--010 **\$1.25

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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/20/08

Date

Daytime Phone #