2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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ANNUAL REPORT	
CUMENT # N39784	1

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1. Entity Name
LAS VERDES CONDOMINIUM ASSOCIATION, INC.

Principat Place of Business
C/O MIAMI MANAGEMENT
C/O MIAMI MANAGEMENT
1145 SAWGRASS CORP PKY
SINDING FL 32323 US
SINDING FL 32323 US

C/O MIAMI MANAGEMENT 1145 SAWGRASS CORP PKY 1145 SAWGRASS CORP PKY SUNRISE, FL 33323 US SUNRISE, FL 33323 US						50013762								
Principal Place of Business 3. Mailing Address														
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02232006 Chg-NP CR2E037 (11/05)							
City & State			City & State				4. FEI Nu 65-0	mber 252449					plied For	
Zip Country Zip		íp Country				5. Certificate of Status Desired					\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent							7. Name a	and Addr	ess of Nev	v Registe	red Ager	nt		
KATZMAN & KORR, PA 1501 NW 49TH STREET				•	Name Street A	Address (F	P.O. Box Nu	mber is N	ot Accepta	ible)	•			
SUITE 202 FORT LAU	Z JDERDALE, FL 33:	309						· · · · · · · · · · · · · · · · · · ·					·	
					City						FL	Zip Cod	е	
8. The above	named entity submits th	is statement for the pur	pase of changing its	registere	ed office o	r registere	ed agent, or	both, in the	he State of	Florida. I	am fami	liar with,	and accept	
0.0 00ga.	acino di rogiotoroa agorit.													
SIGNATURE														
	Signature, typed or printed name	of registered agent and title if ac	oficable. (NOTE	: Registered	d Agent signat	ture required v	when reinstating)		DA	ATE			
	Filing Fee is \$61.		9. Election Carr Trust Fund C				\$5.00 ма		-	Make cl				
	Due by May 1, 20		HUSE FUNG C		ŲΠ,	ш,	Added to Fe	es	F	lorida De	partme	nt of St	ate	
10.	OFFI	CERS AND DIRECTORS		11.		Α	Added to Fe				-			
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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 withyan address, with all other like empowered.

SIGNATURE:

HUGOS KLEIN

Daytime Phone 6