

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90007 010 \*\*\*\*61.25

**DOCUMENT # N39784**

1. Entity Name  
**LAS VERDES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**C/O MIAMI MANAGEMENT  
1145 SAWGRASS CORP PKY  
SUNRISE, FL 33323 US**

Mailing Address  
**C/O MIAMI MANAGEMENT  
1145 SAWGRASS CORP PKY  
SUNRISE, FL 33323 US**

40078801



**DO NOT WRITE IN THIS SPACE**

04172007 No Chg-NP CR2E037 (4/06)

4. FEI Number  
**65-0252449**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**KATZMAN & KORR, PA  
1501 NW 49TH STREET  
SUITE 202  
FORT LAUDERDALE, FL 33309**

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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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when restate)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DP  
KLEIN, HUGO  
1145 SAW GRASS CORP PKWY  
FORT LAUDERDALE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DV  
RACOND, GENE  
1145 SAWGRASS CORP PKWY  
FORT LAUDERDALE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**STD  
CODY, AUDREY  
1145 SAWGRASS CORP PKWY  
SUNRISE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DS  
KUSHNER, BARBARA  
11455 SAWGRASS CORP PKWY  
FORT LAUDERDALE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
FINKELSTEIN, REBECCA  
1145 SAWGRASS CORP PKWY  
FORT LAUDERDALE, FL 33323**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
ZUCKERMAN, PAUL  
1145 SAWGRASS CORP PKWY  
FORT LAUDERDALE, FL 33323**

**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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER