

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 16, 2009
Secretary of State**

DOCUMENT# N45008

Entity Name: 3143 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O ALEXANDRA S. CALAMAI
3143 DAY AVENUE, #B
COCONUT GROVE, FL 33133 US

New Principal Place of Business:

New Mailing Address:

C/O ALEXANDRA S. CALAMAI
3143 DAY AVENUE, #B
COCONUT GROVE, FL 33133 US

Current Mailing Address:

C/O CALAMAI, ALEXANDRA, S
3143 DAY AVENUE, #B
COCONUT GROVE, FL 33133 US

FEI Number: 65-0358659 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALAMAI, ALEXANDRA S
3143 DAY AVE.
B
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOKANSON, HARRY
Address: 3143 DAY AVENUE - #A
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: CALAMAI, ALEXANDRA
Address: 3143 DAY AVE #B
City-St-Zip: COCONUT GROVE, FL 33133

Title: D () Delete
Name: CALAMAI, SIMON
Address: 3143 DAY AVE SUITE B
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CALAMAI, ALEXANDRA S
Address: 3143 DAY AVE #B
City-St-Zip: COCONUT GROVE, FL 33133

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: CALAMAI, ALEXANDRA, S.

D

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date