


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # N92000000686
 1. Entity Name
 THE DECOPLAGE CONDOMINIUM ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 100 LINCOLN ROAD MIAMI BEACH, FL 33139 | Mailing Address 100 LINCOLN ROAD MIAMI BEACH, FL 33139 |
|--|--|



01092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 65-0390632 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
 GOMEZ, MICHAEL E ESQ
 1930 TYLER STREET
 HOLLYWOOD, FL 33020

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: *[Signature]* DATE: 1-11-07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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 | PD ROBERTS, SHERRY 100 LINCOLN ROAD,PH-2 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GRANT, BARBARA 100 LINCOLN RD #910 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, BRIAN 100 LINCOLN RD PH 7 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARCIA, MARIA J 100 LINCOLN RD 1008 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CHAVES, LINDY 100 LINCOLN RD #509 MIAMI BEACH, FL 33139 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RANDOLPH, ALICE 100 LINCOLN RD #PH-2 MIAMI BEACH, FL 33139 |

U00000604410
 01/29/07-80053-006 61.25

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: *[Signature]* DATE: 1/22/07 Daytime Phone #: 305-672-3594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR