


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90034 010 \*\*\*\*61.25

<b>DOCUMENT # N92000000686</b>					
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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02062008 Chg-NP CR2E037 (12/06)	
Zip		Country		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			7. Name and Address of New Registered Agent		
GOMEZ, MICHAEL W ESQ 1930 TYLER STREET HOLLYWOOD, FL 33020			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, SHERRY		NAME	Lindy Chaves	
STREET ADDRESS	100 LINCOLN ROAD, PH-2		STREET ADDRESS	100 Lincoln Rd	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, BARBARA		NAME	Isam Yaldo	
STREET ADDRESS	100 LINCOLN RD #910		STREET ADDRESS	100 Lincoln Rd	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, BRIAN		NAME	Alice Randolph	
STREET ADDRESS	100 LINCOLN RD PH 7		STREET ADDRESS	100 Lincoln Rd	
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach FL	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, RAQUEL		NAME		
STREET ADDRESS	100 LINCOLN RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARIA J		NAME		
STREET ADDRESS	100 LINCOLN RD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Sherry Roberts Pres</u>			Date: <u>02/06/08</u> (305)672-3594		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		