


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90037 031 \*\*\*\*66.25

<b>DOCUMENT # N93000000656</b>		
1. Entity Name LA GORCE PALACE CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 6301 COLLINS AVE MIAMI BEACH, FL 33141 US	Mailing Address 6301 COLLINS AVE MIAMI BEACH, FL 33141 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01042007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0582724		Applied For <input type="checkbox"/> 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	
A & A REGISTERED AGENT, INC. 4551 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYO, GRACIELA 6301 COLLINS AVE #2808 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ESCALONA, ANA M 6301 COLLINS AVE #1903 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENNIG, CHERYL 6301 COLLINS AVE 1703 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Hennig, Cheryl</del> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AGRAWAL M.D., MAVARA 6301 COLLINS AVE PH2 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Richard Alayon <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6301 Collins Ave #2603 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUITIAN, CELSO L 6301 COLLINS AVE #1405 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reynaldo Portella <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6301 Collins Avenue #2602 Miami Beach, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARDENAS, NICHOLAS 6301 COLLINS AVE #2106 MIAMI BEACH, FL 33141 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Leigh A. Duff <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6301 Collins Avenue #TS01 Miami Beach, FL 33141

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: Leigh A. Duff Leigh A. Duff 3/26/07 305-867-9272  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #