

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State

05-09-2008 90014 007 ***150.00

DOCUMENT # N93000000656 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		
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	4. FEI Number 65-0582724	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent A & A REGISTERED AGENT, INC. 4551 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146				7. Name and Address of New Registered Agent 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>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYO, GRACIELA 6301 COLLINS AVE #2808 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6301 COLLINS AVE. (FRONT MIAMI BEACH, FL. DECK) 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC ESCALONA, ANA M 6301 COLLINS AVE #1903 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6301 COLLINS AVE. (FRONT MIAMI BEACH, FL. DECK) 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAYON, RICHARD 6301 COLLINS AVE #2603 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6301 COLLINS AVE. (FRONT MIAMI BEACH, FL. DECK) 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTELLA, REYNALDO 6301 COLLINS AVENUE #2602 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, VP <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6301 COLLINS AVE. (FRONT MIAMI BEACH, FL. DECK) 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFF, LARGH A 6301 COLLINS AVENUE #7301 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6301 COLLINS AVE. (FRONT MIAMI BEACH, FL. DECK) 33141	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4/30/08 305-221-2111 <small>Date Daytime Phone #</small>		