

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000001802

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: DECOLUX CONDOMINIUM ASSOCIATION, INC.

## Current Principal Place of Business:

826 EUCLID AVENUE  
MIAMI BEACH, FL 33139 US

## New Principal Place of Business:

## Current Mailing Address:

C/O BLUE SKY MIAMI  
1680 MICHIGAN AVENUE # 908  
MIAMI BEACH, FL 33139

## New Mailing Address:

C/O JOAN BENNETT  
763 41ST STREET SUITE C  
MIAMI BEACH, FL 33140

FEI Number: 65-0415481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOMEZ, MICHAEL  
1930 TYLER STREET  
HOLLYWOOD, FL 33020 US

## Name and Address of New Registered Agent:

BENNETT, JOAN  
763 41ST STREET  
C  
MIAMI BEACH, FL 33140 US

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: JOAN BENNETT

01/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: MIRANDA, SILVIO  
Address: 2131 BIARRITZ DR  
City-St-Zip: MIAMI BEACH, FL 33141

Title: P ( ) Delete  
Name: WASTON, JOHN  
Address: 830 EUCLID AVE, APT 1  
City-St-Zip: MIAMI BEACH, FL 33139

Title: T ( ) Delete  
Name: DONNELLY, JAMES  
Address: 826 EUCLID AVE, APT 12  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGR (X) Delete  
Name: SHEINER, ROBERT MAXWELL  
Address: 1680 MICHIGAN AVE, STE 908  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOHN WATSON

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date