

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# N93000004620

Entity Name: CAPOBELLA CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5025 COLLINS AVE.
4TH FLOOR
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

5025 COLLINS AVE.
4TH FLOOR
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 65-0578629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA COMAIA, ROSA M ESQ.
C/O BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA 10TH FLR
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

DE LA CAMARA, ROSA M ESQ.
C/O BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA 10TH FLR
CORAL GABLES, FL 33134 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: ROSA DE LA CAMARA 01/07/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: IMBER, SUZAN
Address: 5025 COLLINS AVENUE SUITE 1807
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: MENDOZA, ERNESTO
Address: 5025 COLLINS AVENUE SUITE 1806
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: GUEVENTER, ROBERTO
Address: 5025 COLLINS AVENUE SUITE 2108
City-St-Zip: MIAMI BEACH, FL 33140

Title: T () Delete
Name: ANGEL, SPENCER
Address: 5025 COLLINS AVENUE SUITE 2409
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: SONNABEND, ALAN
Address: 5025 COLLINS AVENUE SUITE 1907
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S (X) Change () Addition
Name: MENDOZA, ERNESTO
Address: 5025 COLLINS AVENUE SUITE 1806
City-St-Zip: MIAMI BEACH, FL 33140

Title: D (X) Change () Addition
Name: GROSS, ALLEN
Address: 5025 COLLINS AVENUE SUITE 1005
City-St-Zip: MIAMI BEACH, FL 33140

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: SPENCER ANGEL T 01/07/2009

Electronic Signature of Signing Officer or Director Date