2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001066

Jul 23, 2006 Secretary of State

Entity Name: 3257/3259 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:

3257 DAY AVENUE 3257 DAY AVENUE MIAMI, FL 33133

SUITE 410

MIAMI, FL 33133 US

Current Mailing Address: New Mailing Address:

3257 DAY AVENUE 3257 DAY AVENUE MIAMI, FL 33133 SUITE 410

MIAMI, FL 33133 US

FEI Number: 65-0596908 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WINGATE, JERROLD K WINGATE, JERROLD K 3257 DAY AVENUE 3257 DAY AVENUE MIAMI, FL 33133 SUITE 410 MIAMI, FL 33133 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: JERROLD K. WINGATE 07/23/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

WINGATE, NICKI Name: Name: 3257 DAY AVENUE Address: Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip:

Title: DV () Delete Title: DV (X) Change () Addition Name: WINGATE, JERROLD Name: WINGATE, NICKI Address: 3257 DAY AVENUE Address: 3257 DAY AVENUE

City-St-Zip: MIAMI, FL 33133 US City-St-Zip: MIAMI, FL 33133 US

Title: () Delete Title: SD (X) Change () Addition WEAVER, TOYA WINGATE, NICKI Name: Name:

3257 DAY AVE 3257 DAY AVE Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 U

Title: STD () Delete Title: STD (X) Change () Addition

WINGATE, NICKI Name: Name: WINGATE, NICKI 3257 DAY AVE Address: 3257 DAY AVE Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 US

I hereby certify that the information supplied with this filing does not qualify for the 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: NICKI WINGATE PD 07/23/2006