

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001066

FILED  
Apr 04, 2007  
Secretary of State

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

## Current Principal Place of Business:

3257 DAY AVENUE  
SUITE 410  
MIAMI, FL 33133 US

## New Principal Place of Business:

3257 DAY AVENUE  
MIAMI, FL 33133 US

## Current Mailing Address:

3257 DAY AVENUE  
SUITE 410  
MIAMI, FL 33133 US

## New Mailing Address:

3257 DAY AVENUE  
MIAMI, FL 33133 US

FEI Number: 65-0596908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINGATE, JERROLD K  
3257 DAY AVENUE  
SUITE 410  
MIAMI, FL 33133 US

## Name and Address of New Registered Agent:

WINGATE, JERROLD K  
66 W. FLAGLER STREET  
SUITE 410  
MIAMI, FL 33130 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

04/04/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WINGATE, NICKI  
Address: 3257 DAY AVENUE  
City-St-Zip: MIAMI, FL 33133 US

Title: DV ( ) Delete  
Name: WINGATE, NICKI  
Address: 3257 DAY AVENUE  
City-St-Zip: MIAMI, FL 33133 US

Title: SD ( ) Delete  
Name: WINGATE, NICKI  
Address: 3257 DAY AVE  
City-St-Zip: MIAMI, FL 33133 U

Title: STD ( ) Delete  
Name: WINGATE, NICKI  
Address: 3257 DAY AVE  
City-St-Zip: MIAMI, FL 33133 US

## 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 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

04/04/2007

Electronic Signature of Signing Officer or Director

Date