

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001066

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

3257 DAY AVENUE
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3257 DAY AVENUE
MIAMI, FL 33133 US

New Mailing Address:

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
66 W. FLAGLER STREET
SUITE 410
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

WINGATE, JERROLD K
3257 DAY AVENUE
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

01/16/2009

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 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date