

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90028 042 ****61.25

DOCUMENT # N94000001238

1. Entity Name
**THE PAVILION CONDOMINIUM ASSOCIATION OF MIAMI
BEACH, INC.**



Principal Place of Business
**5601 COLLINS AVE.
MIAMI BEACH, FL 33140**

Mailing Address
**7900 NW 155 ST
#205
MIAMI LAKES, FL 33016**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8299 CORAL WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Miami FL

Zip

Country

Zip
33155

Country

04032007

Chg-NP

CR2E037 (12/06)

4. FEI Number
65-0507316

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SORDO & ASSOCIATES, P.A.
3006 AVIATION AVENUE, #2A
COCONUT GROVE, FL 33133**

7. Name and Address of New Registered Agent

Name **Robert Blanhet, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

4441 Stirling Road

City **Ft. Lauderdale**

FL

Zip Code
33314

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **GUTIERREZ-ZORRILLA, RODOLFO**
STREET ADDRESS **8299 CANAL WAY**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **P** ☐ Delete
NAME **MASEDA, LUIS**
STREET ADDRESS **8299 CORAL WAY**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **LEAVIH, WENDY**
STREET ADDRESS **8299 CORAL WAY**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **D** ☐ Delete
NAME **ORTELLI, ALEJANDRA**
STREET ADDRESS **8299 CORAL WAY**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **T** ☐ Delete
NAME **GONZALEZ, CARMEN**
STREET ADDRESS **8299 CORAL WAY**
CITY-ST-ZIP **MIAMI, FL 33155**

TITLE **VP** ☐ Delete
NAME **OLIVER, CARLOS**
STREET ADDRESS **8299 CORAL WAY**
CITY-ST-ZIP **MIAMI, FL 33155**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/07 305-86-1600
Date Daytime Phone #