

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001498

FILED  
Apr 28, 2006  
Secretary of State

**Entity Name:** THE FENIMORE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1200 EUCLID AVE  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

1521 ALTON ROAD  
#703  
MIAMI BEACH, FL 33139 US

**New Mailing Address:**

**FEI Number:** 65-0487964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MAXWELL MANAGEMENT CORPORATION  
1521 ALTON ROAD, #703  
#300  
MIAMI BEACH, FL 33139 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: PARADA, RUBEN  
Address: 1200 EUCLID AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: V.P. ( ) Delete  
Name: MCMURPHY, JENNIFER  
Address: 1200 EUCLID AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: TREA ( ) Delete  
Name: HERNANDEZ, ALBERT  
Address: 1200 EUCLID AVE  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V.P. (X) Change ( ) Addition  
Name: DEVITO, JENNIFER  
Address: 1200 EUCLID AVE  
City-St-Zip: MIAMI BEACH, FL 33139

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: EDNA MAXWELL

MGR

04/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date