

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90026 014 ****61.25

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01112007 Chg-NP CR2E037 (12/06)

DOCUMENT # N94000001678 1. Entity Name HEMISPHERE CENTRE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business C/O THE FOSTER COMPANY 12396 S.W. 82 AVENUE MIAMI, FL 33156		Mailing Address C/O THE FOSTER COMPANY 12396 S.W. 82 AVENUE MIAMI, FL 33156 US	
2. Principal Place of Business - No P.O. Box # 9000 SW 152nd Street Suite, Apt. #, etc. #102		3. Mailing Address 9000 SW 152nd Street Suite, Apt. #, etc. #102	
City & State MIAMI, FL Zip 33157		City & State MIAMI, FL Zip 33157	
Country USA		Country USA	
4. FEI Number 65-0540768		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, FOSTER J. 12396 SW 82 AVE MIAMI, FL 33156		7. Name and Address of New Registered Agent Name FOSTER J. SCOTT Street Address (P.O. Box Number is Not Acceptable) 9000 SW 152nd Street #102 City MIAMI FL Zip Code 33157	
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: <u>FOSTER J. SCOTT</u> DATE: <u>2/28/07</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CABALLERO, LUIS 3050 N.W. 82 AVENUE MIAMI, FL 33122	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JUAREZ, PATRICIA 3008 NW 82ND AVENUE MIAMI, FL 33122	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LAHENS, ALBERT 3046 NW 82 AVE MIAMI, FL 33122	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 empowered.			
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>2/28/07</u> Daytime Phone #: <u>305-254-7228</u> <u>x207</u>	