

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90166 048 ****61.25

DOCUMENT # N94000001729					
1. Entity Name THE ST. GEORGE (MIAMI BEACH) CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 605 EUCLID AVE. #605 MIAMI BEACH, FL 33139			Mailing Address 741 PETUNIA DRIVE PLANTATION, FL 33317		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1880345	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JANICE LEVY & ASSOCIATES, INC. 741 PETUNIA DRIVE PLANTATION, FL 33317			7. Name and Address of New Registered Agent Name <u>ROYAL MANAGEMENT GROUP</u> Street Address (P.O. Box Number is Not Acceptable) <u>DAVID RAPISO</u> <u>707 5TH STREET</u> City <u>MIAMI BEACH</u> FL <u>33139</u>		
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>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>			<u>DAVID RAPISO AGENT</u> <u>4/28/08</u> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008		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	VP ADDARIO, MARCELLO 3905 ALTON ROAD MIAMI BEACH, FL 33141	<input checked="" type="checkbox"/> Delete	TITLE <u>SEE</u> NAME <u>NIRCA FATE</u> STREET ADDRESS <u>605 EUCLID AVENUE #205</u> CITY-ST-ZIP <u>MIAMI BEACH, FL 33139</u>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, PABLO 151 S.W. 23RD ROAD MIAMI, FL 33129	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR CHURACK, DEAN 605 EUCLID AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIBEIRO, PEDRO 605 EUCLID AVENUE MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/29/08</u> <u>305 298 9320</u> <small>Date Daytime Phone #</small>		