2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-11-2008 90064 027 ****61.25 DOCUMENT # N94000001767 MARÍNA REAL CONDOMINIUM NO. 2 ASSOCIATION, INC. 40055753 Principal Place of Business Mailing Address 435 SW 123 AVENUE 1060 NW 123 COURT MIAMI, FL 33184 MIAMI, FL 33182 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0559456 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent --C R MANAGEMENT & INVESTMENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 435 SW 123 AVENUE MIAMI, FL 33184 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2008 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition QUIROGA, MARTHA NAME 1076 NW 123 COURT STREET ADDRESS STREET ADDRESS MIAMI, FL 33182 CITY-ST-ZIP CITY-ST-ZIP Delete $\mathcal{P}\mathcal{D}$ X Addition GONZALEZ, PEDRO Villar Hernan NAME NAME 1060 NW 123 COURT STREET ADDRESS STREET ADDRESS 1082 NW 125 Court CITY-ST-ZIP MIAMI, FL 33182 CITY-ST-ZIP miami TITLE Delete TITLE Addition | CASTRILLO, CARLOS NAME NAME STREET ADDRESS 12303 NW 11 STREET STREET ADDRESS MIAMI, FL 33182 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with the fitting 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 eath; that I am an officer or director of the corporation or the receiver by 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 attackment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

V 02/06/08 305-215-189

Change

Addition

FILED Feb 11, 2008 8:00 am Secretary of State