## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000002768

FILED Jun 16, 2009 Secretary of State

Entity Name: THE ANTON CONDOMINIUM ASSOCIATION, INC.

| Current P   | Principal Place of Business:   | New Principal Place of Business:  |          |
|---|--|---|----------|
|   | CLID AVENUE  |   |          |
| MIAMI BE  | ACH, FL 33139 US   |   |          |
| Current N   | Mailing Address:   | New Mailing Address:  |          |
| 763 41ST  | STREET   |   |          |
| C<br>MIAMI BE   | ACH, FL 33140 US   |   |          |
| n accordar  | r: 65-0520690 FEI Number Applied For ( ) nce with s. 607.193(2)(b), F.S., the corporation di   | ·   | ( )      |
| lame and  | d Address of Current Registered Agent  | : Name and Address of New Registered Agent:   |          |
| BENNETT<br>763 41ST<br>C<br>MIAMI BE  |  |   |          |
|   |  |   | r both   |
|   | e named entity submits this statement for t<br>e of Florida.   | he purpose of changing its registered office or registered agent, o   | i botti, |
| n the Stat  | e of Florida.  | ne purpose of changing its registered office of registered agent, o   | r bour,  |
| n the Stat  | e of Florida.  |   | ———      |
| n the Stat<br>SIGNATU   | e of Florida. RE:  |   |          |
| n the Stat<br>SIGNATU   | e of Florida.  RE:  Electronic Signature of Registered   | Agent Date  |          |
| n the Stat  SIGNATU  DFFICER  ittle: lame: .ddress:                                 | e of Florida.  RE:  Electronic Signature of Registered  S AND DIRECTORS:  PD () Delete PINEIRO, KEVIN 1018 - 1022 EUCLID AVE # 7   | Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRI  Title: ( ) Change ( ) Addition Name: Address:   |          |
| on the State SIGNATU  DFFICER  itle: lame: ddress: city-St-Zip: itle: lame: ddress: | Electronic Signature of Registered  S AND DIRECTORS:  PD () Delete PINEIRO, KEVIN 1018 - 1022 EUCLID AVE # 7 MIAMI BEACH, FL 33139  TD () Delete MOLINA, M. ISABEL S 1018 EUCLID AVENUE #1 | Agent Date  ADDITIONS/CHANGES TO OFFICERS AND DIRI  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: |          |

I hereby certify that the information supplied with this filing does not qualify 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: KEVIN PINEIRO P 06/16/2009