

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002892

FILED
Jun 22, 2009
Secretary of State

Entity Name: CROMWELL CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1614 JEFFERSON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

C/O BSSS- CONDO DEPT
2525 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134 US

New Mailing Address:

C/O THE TAX FIRM, LLC
115 NW 91ST STREET
MIAMI SHORES, FL 33150 US

FEI Number: 65-0538525 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KIRBY, CARIN
1614 JEFFERSON AVENUE
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: VP () Delete
Name: KIRLEY, CARIN
Address: 1614 JEFFERSON AVE #7
City-St-Zip: MIAMI BEACH, FL 33139

Title: ST () Delete
Name: FORS, LAURA L
Address: 1614 JEFFERSON AVENUE #2
City-St-Zip: MIAMI BEACH, FL 33139

Title: V () Delete
Name: WEST, CHARLENE
Address: 1614 JEFFERSON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: CHARLENE ORTUNO

PRES

06/22/2009

Electronic Signature of Signing Officer or Director

Date