2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9400003202

FILED Apr 29, 2009 Secretary of State

Entity Name: SANS SOUCI CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
11960 NE 1 OFFICE BC MIAMI, FL	X		OF	960 NE 19 FICE BO PRTH MIA		US	
Current Mailing Address:				New Mailing Address:			
11960 NE 1 OFFICE BC MIAMI, FL	X						
FEI Number:	65-0510327	FEI Number Applied For ()	FEI Number	Not Applic	cable ()	Certificate of Status	Desired ()
Name and	Address of C	urrent Registered Agent:	Na	Name and Address of New Registered Agent:			
HALBERG, MICHAEL ESQ. 10300 BISCAYNE BLVD. SUITE 988 MIAMI, FL 33161 US				DECARLO, GIOIA ESQ. 828 N.W. 9 COURT MIAMI, FL 33136 US			
The above in the State		ubmits this statement for the pu	rpose of ch	anging its	s registered offi	ce or registered	agent, or both,
SIGNATURE: GIOIA DECARLO						04/29/2009	
	Electroni	c Signature of Registered Agen	t			Date	_
OFFICERS AND DIRECTORS:				${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
Title: Name: Address: City-St-Zip:	PD () ORTIZ, ZENAID/ 11960 NE 19 DE NORTH MIAMI, F	R #27			()C	hange () Addition	
Title: Name: Address: City-St-Zip:	VP () MANGUAL, NEL 822 SW 159 TE SUNRISE, FL 3	RR			()C	hange () Addition	
Title: Name: Address: City-St-Zip:	TR () MITCHEL, EDW. 11960 NE 19 DF NORTH MIAMI, F	R #17		ne: ress:	TR (X) C SANPEDRO, LOU 300 BAYVIEW DR SUNNY ISLES BE	RIVE #806	
Title: Name: Address: City-St-Zip:	SEC () MITCHEL, EDW. 11960 NE 19 DF MIAMI, FL 3318	R #17		ne:	SEC (X) C SANPEDRO, LOU 300 BAYVIEW DR SUNNY ISLES BE	RIVE #806	
Title: Name: Address: City-St-Zip:	()	Delete			D () C RAUL, GARRIGA 9373 ABBOT AVE SURFSIDE, FL 33		
Title: Name: Address: City-St-Zip:	()	Delete			D ()C ANGEL, MIRANDA 450 NE 140 STRE NORTH MIAMI, FL	ET	

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: ZENAIDA ORTIZ PD 04/29/2009