


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90014 022 ****61.25

DOCUMENT # N94000003397 1. Entity Name FAIRVIEW CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.					
Principal Place of Business 1754 MERIDIAN AVE MIAMI BCH, FL 33139 US			Mailing Address C/O STREAMLINE PROPERTIES 1125 WASHINGTON AVE MIAMI BCH, FL 33139 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0506127	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GROSS, SAUL K C/O STREAMLINE PROPERTIES 1125 WASHINGTON AVE MIAMI BCH, FL 33139				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____					
Filing Fee is \$81.25 Due by May 1, 2006		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	SD MEYERS, LYNDA 1754 MERIDIAN AVE 504 MIAMI BCH, 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	PD BERMAN, RAQUEL 1754 MERIDIAN AVE 204 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	AS GROSS, SAUL 1125 WASHINGTON AVE MIAMI BCH, 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	TD VALESTRA, COREY 1754 MERIDIAN AVE 101 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Director Solomon Genet 1754 meridian Avenue #301 miami beach FL 33139	
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: <i>Saul Gross, Asst Sec</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>2/24/06</i> Daytime Phone #: <i>305-532-7368</i>		