


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2008 08:00 AM
Secretary of State

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	



04032008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0506127	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GROSS, SAUL K C/O STREAMLINE PROPERTIES 1125 WASHINGTON AVE MIAMI BCH, FL 33139	DO NOT WRITE IN THIS SPACE
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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 reappointing) _____ DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MEYERS, LYNDIA 1754 MERIDIAN AVE 504 MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERMAN, RAQUEL 1754 MERIDIAN AVE 204 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GROSS, SAUL 1125 WASHINGTON AVE MIAMI BCH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEON, ANTHONY 1754 MERIDIAN AVE. #501 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/18/08-80071-007 61.25

DO NOT WRITE IN THIS SPACE

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: Saul Gross, Asst Sec **4/2/08** **305-532-7368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #