2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N94000004775 THE PARC VENDOME CONDOMINIUM ASSOCIATION. 06 JUN 16 PM 4: 24 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 736 THIRTEENTH STREET C/O 1125 WASHINGTON AVENUE MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 LIS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 06082006 Chg-NP CR2E037 (4/06) City & State City & State Applied For 4. FEI Number 65-0528182 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GROSS, SAUL K 1125 WASHINGTON AVENUE Street Address (P.O. Box Number is Not Acceptable) MIAMI BEACH, FL 33139 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. AS TITLE ☐ Delete TITLE ☐ Change ■ Addition GROSS, SAUL K NAME NAME 900076642709 06/27/06--01037--022 **61 STREET ADDRESS C/O 1125 WASHINGTON AVENUE STREET ADDRESS **61.25 CITY-ST-ZIP MIAMI BEACH, FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME BAHARMAST, MICHAEL NAME STREET ADDRESS 736 12TH STREET, APT, #205 STREET ADDRESS CITY-ST-7IP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition MASSIMELIANO, GUERRI NAME NAME STREET ADDRESS 736 13TH ST #108 STREET ADDRESS MIAMI BEACH, FL 33139 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition MAXWELL, AUGUSTO NAME NAME STREET ADDRESS 736 13TH STREET, APT. #110 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition FEIN, DAVID NAME STREET ADDRESS 810 11TH STREET, APT. #201 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH, FL 33139 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Assistan