


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 08:00 A
Secretary of State

DOCUMENT # N94000004775	
1. Entity Name THE PARC VENDOME CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 736 THIRTEENTH STREET MIAMI BEACH, FL 33139 US	Mailing Address C/O 1125 WASHINGTON AVENUE MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0528182	Applied For 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 1125 WASHINGTON AVENUE MIAMI BEACH, 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 reinstating) 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	000000892150 04/23/08-80054-010 61.2
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAXWELL, AGUSTO 736 13TH ST #111 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERRI, ANGELO 10715 OAK BEND WAY WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEIN, DAVID 810 11TH ST APT 201 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **David Fein Treas 4/7/08 305-532-7368**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #