


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-01-2006 90396 009 ****61.25

DOCUMENT # N94000004942					
1. Entity Name OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1881 WASHINGTON AVENUE MIAMI BEACH, FL 33139		Mailing Address % INNV PRPTY MGMT SVCS 27553 S DIXIE HWY MIAMI, FL 33032 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 65-0560049	
				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 BECKER & POLIAKOFF DAVID ROGEL, ESQ 5201 BLUE LAGAN AVE., STE 100 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name: <u>David C. Arnold, Esquire</u> Street Address (P.O. Box Number is Not Acceptable): <u>8301 SW 104 Street</u> City: <u>miami</u> FL Zip Code: <u>33157</u>		
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: <u>David C. Arnold Esquire</u> DATE: <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 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	VPD JIDDY, RAUL 1881 WASHINGTON AVE, #2B MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director 1881 Washington Avenue # 2B Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WUEST, ROBERT J 1881 WASHINGTON AVE, #7A MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, BRADLEY 1881 WASHINGTON AVE. #3E MIAMI BEACH, FL 33139 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Vincent Mallozzi 1881 Washington Avenue #10D Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALBERT, SHAN 1881 WASHINGTON AVE. #15F MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jennifer Rivera 1881 Washington Avenue # 8C Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CLARA 1881 WASHINGTON AVE. MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Gonzalo Lopez Marti 2025 Brickell Avenue #2004 Miami, FL 33129 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIDOUT, CRAIG 1881 WASHINGTON AVE 10B MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Arnold Perez 1236 Drexel Avenue # 4 Miami Beach, FL 33139 <input type="checkbox"/> Change <input checked="" 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: <u>Robert Wuest, President</u> DATE: <u>4/26/06</u> DAYTIME PHONE #: <u>305 244-8094</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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