

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90020 043 \*\*\*\*61.25

40110508



04242007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N94000005870</b> 1. Entity Name <b>THE ESPLANADE BEACH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>900-16TH STREET MIAMI BEACH, FL 33139 US</b>			Mailing Address <b>C/O STREAMLINE PROPERTIES 1125 WASHINGTON AVE MIAMI BEACH, FL 33139 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-0567259</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SAUL K GROSS 1125 WASHINGTON AVE MIAMI BEACH, FL 33139</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>PLOTKIN, MARK</b> <b>900 16TH ST., #303</b> <b>MIAMI BEACH, FL 33139</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BERRY, PHILIP</b> <b>900 16 Street, #303</b> <b>MIAMI BEACH, FL 33139</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>GROSS, SAUL K</b> <b>1125 WASHINGTON AVE</b> <b>MIAMI BEACH, FL 33139</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>GARCIA, SHELLEY</b> <b>900 16TH STREET, APT #310</b> <b>MIAMI BEACH, FL 33139</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>NICOLUCCI, ALEX</b> <b>900 16TH ST, # 106</b> <b>MIAMI BEACH, FL 33139</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PATRICIA WILSON</b> <b>900 16 Street #107</b> <b>MIAMI BEACH, FL 33139</b>	
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.					
<b>SIGNATURE:</b> <u>Saul Gross, Asst Sec</u> <span style="float: right;">4/25/07 305-532-7368</span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					