


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

04-12-2005 90146 024 ****61.25

DOCUMENT # N95000003012					
1. Entity Name SUMMIT TOWER I OF DADELAND CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 305 ALCAZAR AVE CORAL GABLES, FL 33134		Mailing Address 305 ALCAZAR AVE CORAL GABLES, FL 33134			
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 65-0752392	
				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			7. Name and Address of New Registered Agent		
VILAR PROPERTY MANAGEMENT 305 ALCAZAR AVE CORAL GABLES, FL 33134			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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, 2005		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	ASB EZMAGA, ZULEMA	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9425 SW 77TH AVE #A208		NAME		
STREET ADDRESS	MIAMI, FL 33156		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	BB STERRA, ELBA	<input checked="" type="checkbox"/> Delete	TITLE	BERNARDO JUKO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9125 SW 77TH AVE #A803		NAME	9140 SW 120 St.	
STREET ADDRESS	MIAMI, FL 33156		STREET ADDRESS	Miami, FL 33176	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VB-PD AGER, MARIA I	<input type="checkbox"/> Delete	TITLE	WILDA MARTINEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9125 SW 77TH AVE #A402		NAME	9125 S.W. 77 Ave. A-405	
STREET ADDRESS	MIAMI, FL 33156		STREET ADDRESS	MIAMI, FL 33156	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	R RODRIGUEZ, MAGALY	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9425 SW 77TH AVE #A109		NAME		
STREET ADDRESS	MIAMI, FL 33156		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD FERNANDEZ, TERESA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	305 ALCAZAR AVE		NAME		
STREET ADDRESS	CORAL GABLES, FL 33134		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DD FERNANDEZ, VICTORIA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9125 SW 77 AVE #101		NAME		
STREET ADDRESS	MIAMI, FL 33156		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Maria Isabel Pizarro - PRESIDENT</i>				305-447-9080	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR		Date		Daytime Phone #	

66015841



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