


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90009 034 ****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		01062006 Chg-NP CR2E037 (11/05)	
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 re-registering) DATE _____					
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	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AGER, MARIA I		NAME		
STREET ADDRESS	555 NE 15 STREET, APT. 16C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33132		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PALACIO, LUZ E		NAME		
STREET ADDRESS	9125 SW 77 AVE., UNIT # 601		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JUNCO, BEATRIZ		NAME	SD	Eduardo PINEIRO
STREET ADDRESS	8140 SW 120 STREET		STREET ADDRESS	9125 SW 77 Ave	
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP	MIAMI, FLA 33156	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, VICTORIA		NAME		
STREET ADDRESS	9125 SW 77 AVE., UNIT #306		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIERRA, ELSA		NAME		
STREET ADDRESS	9125 SW 77 AVE #603		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALVAREZ, BERNARDO		NAME		
STREET ADDRESS	9125 SW 77 AVE. #210		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		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.					
SIGNATURE: <i>Maria Isabel Lopez</i>		Date: 2/8/06		Daytime Phone #: 305-447-9091	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					