

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90029 037 \*\*\*\*61.25

**DOCUMENT # N95000003012**

1. Entity Name  
**SUMMIT TOWER I OF DADELAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business 9125 SW 77 AVENUE MIAMI, FL 33156	Mailing Address 305 ALCAZAR AVE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**



01102008 No Chg-NP CR2E037 (4/06)

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

VILAR PROPERTY MANAGEMENT  
 7446 S.W. 48 ST  
 MIAMI, FL 33155

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 ✓  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERNANDEZ, VICTOR 9125 S.W. 77 AVE #101 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COLLIER, MARY ANN 9125 S.W. 77 AVE #102 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD OCUMAREZ, ORAYOA 9125 S.W. 77 AVE #508 MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MIRIAM, GOVANTES 9125 S.W. 77 AVE # MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRIAM, TORRES 9125 S.W. 77 AVE #808 MIAMI, FL 33156
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: *Melinda Alvarez* 1/10/08 305-662-7767  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #