


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-11-2007 90020 047 \*\*\*\*61.25

<b>DOCUMENT # N96000000770</b>	
1. Entity Name <b>THE HENDERSON CONDOMINIUM ASSOCIATION, INC.</b>	

Principal Place of Business <b>C/O STREAMLINE PROPERTIES, INC. 1125 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>	Mailing Address <b>C/O STREAMLINE PROPERTIES, INC. 1125 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>
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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



04242007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0741407</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GROSS, SAUL K C/O STREAMLINE PROPERTIES, INC. 1125 WASHINGTON AVE. MIAMI BEACH, FL 33139</b>		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 \_\_\_\_\_ 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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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	AS	<input type="checkbox"/> Delete		TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GROSS, SAUL K			NAME	LORENZI, CLAUDIA		
STREET ADDRESS	1125 WASHINGTON AVE.			STREET ADDRESS	1061 EUCLID AVE. #203		
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEROSE, DREW			NAME			
STREET ADDRESS	53 E SPRING FIELD ST 4			STREET ADDRESS			
CITY-ST-ZIP	BOSTON, MA 02118			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REGIS, DENISE			NAME			
STREET ADDRESS	1051 EUCLID AVE., #208			STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH, FL 33139			CITY-ST-ZIP			
TITLE	DVP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CRUZ, SUZETTE			NAME			
STREET ADDRESS	520 WEST AVENUE # 603			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33139			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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:** Saul Gross, Asst Sec 4/25/07 305-532-7368  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #