


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 17, 2006 8:00 am
Secretary of State

07-17-2006 90142 024 ****70.00

DOCUMENT # N96000001354

1. Entity Name
760 CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.



Principal Place of Business
**760 JEFFERSON AVE
 MIAMI BEACH, FL 33139**

Mailing Address
**760 JEFFERSON AVE
 MIAMI BEACH, FL 33139**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

07072006 Chg-NP CR2E037 (4/06)

4. FEI Number
65-0827252

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KNAUB, F E
 760 JEFFERSON AVE #3
 MIAMI BEACH, FL 33139**

7. Name and Address of New Registered Agent

Name
STABBERT, ROBERT

Street Address (P.O. Box Number is Not Acceptable)
760 JEFFERSON AVENUE # 16

City
MIAMI BEACH

FL Zip Code
331398565

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  **Robert Stabbert, Secretary-Treasurer** July 7, 2006

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

**Filing Fee is \$61.25
 Due by September 6, 2006**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIFFENDERFER, G. SCOTT 760 JEFFERSON AVE # 8 MIAMI BEACH, FL 331398565 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AGUILES, CARLOS 780 JEFFERSON AVENUE #3 MIAMI BEACH, FL 331398565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STABBERT, ROBERT 760 JEFFERSON AVE # 16 MIAMI BEACH, FL 331398565 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DODD, DANIEL T 760 JEFFERSON AVE # 1 MIAMI BEACH, FL 331398565 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OTT, ALEX 1491 NW SOUTH RIVER DRIVE MIAMI, FL 33125 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUILES, CARLOS 760 JEFFERSON AVENUE #3 MIAMI BEACH, FL 331398565 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESVIG, MARTIN 760 JEFFERSON AVENUE #8 MIAMI BEACH, FL 331398565 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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.

SIGNATURE:  **Robert Stabbert, Secretary-Treasurer** July 7, 2006 (305) 381-8647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #