


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

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
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01212007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0827252	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 STABBERT, ROBERT
 760 JEFFERSON AVE
 #16
 MIAMI BEACH, FL 33139

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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, 2007

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	DV OTT, ALEX 1491 NW SOUTH RIVER DR MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUILES, CARLOS 760 JEFFERSON AVE SUITE 3 MIAMI BEACH, FL 331398565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST STABBERT, ROBERT 760 JEFFERSON AVE # 16 MIAMI BEACH, FL 331398565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESVIG, MARTIN 760 JEFFERSON AVE SUITE 8 MIAMI BEACH, FL 331398565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/26/07-80014-011 70.00

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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: Robert H. Stabbert **ROBERT H. STABBERT** 1/21/2007 (305)381-9647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #