

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003851

FILED
Apr 20, 2008
Secretary of State

Entity Name: THE EWING CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4501 PRAIRIE AVE.
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

4501 PRAIRIE AVE.
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0690500

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, SEAN
4501 PRAIRIE AVE.
BLACK BOX
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

SHERMAN, SEAN
4501 PRAIRIE AVE. #2
BLACK BOX
MIAMI BEACH, FL 33140 US

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.

SIGNATURE: _____

04/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SCHNEIDER, PHIL
Address: 989 N.E. 95TH ST.
City-St-Zip: MIAMI, FL 33138

Title: T () Delete
Name: SALINAS, SILVIA
Address: 4501 PRAIRIE AVE #6
City-St-Zip: MIAMI BEACH, FL 33140

Title: P () Delete
Name: SHERMAN, SEAN
Address: 4501 PRAIRIE AVE #2
City-St-Zip: MIAMI BEACH, FL 33140

Title: S () Delete
Name: LUTZ, ELLISTON
Address: 4501 PRAIRIE AVE #4
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SOLOMON, DAVID
Address: 4501 PRAIRIE AVE. #7
City-St-Zip: MIAMI BEACH, FL 33140

Title: T (X) Change () Addition
Name: SALINAS, SILVIA
Address: 4501 PRAIRIE AVE. #6
City-St-Zip: MIAMI BEACH, FL 33140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LUTZ, ELLISTON
Address: 4501 PRAIRIE AVE. #4
City-St-Zip: MIAMI BEACH, FL 33140

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEAN SHERMAN

P

04/20/2008

Electronic Signature of Signing Officer or Director

Date