

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003851

FILED  
Apr 18, 2012  
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. #2  
BLACK BOX  
MIAMI BEACH, FL 33140 US

**Name and Address of New Registered Agent:**

SOLOMON, DAVID  
4501 PRAIRIE AVE. #7  
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: DAVID SOLOMON

04/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SOLOMON, DAVID  
Address: 4501 PRAIRIE AVE. #7  
City-St-Zip: MIAMI BEACH, FL 33140

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

Title: VP  
Name: SCHNEIDER, PHILIP  
Address: 4501 PRAIRIE AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: S  
Name: WEINTRAUB, ARLENE  
Address: 4501 PRAIRIE AVE. #1  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: DAVID SOLOMON

P

04/18/2012

Electronic Signature of Signing Officer or Director

Date