



**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

90040007

<b>DOCUMENT # N97000001810</b>		03-23-2007 90012 031 ****61.25	
1. Entity Name <b>SEGOVIA TOWER CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>600 CORAL WAY CORAL GABLES, FL 33134</b>		Mailing Address <b>600 CORAL WAY LOBBY CORAL GABLES, FL 33134</b>	
2. Principal Place of Business - No P.O. Box # <b>9000 SW 152 RD STREET</b>		3. Mailing Address <b>9000 SW 152 RD STREET</b>	
Suite, Apt. #, etc. <b>#102</b>		Suite, Apt. #, etc. <b>#102</b>	
City & State <b>MIAMI, FL</b>		City & State <b>MIAMI, FL</b>	
Zip <b>33157</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent <b>GONGORA, MICHAEL C 121 ALHAMBRA PLAZA, 10TH FLOOR CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	P ROSENBLATT, BRAD E 600 CORAL WAY #14 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LWIS ALVAREZ 600 CORAL WAY #3 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FERRARO, JAMES L 600 CORAL WAY PH CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL WILLIAMS 600 CORAL WAY #6 CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SPELIOS, LOUIS G 600 CORAL WAY #12 CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAPELL, JEFFREY H 300 MERIDIAN AVE #6 MIAMI BEACH, FL 33139 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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, 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 another like empowered.			
SIGNATURE: 		2/13/04 305 446 0200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	