


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90041 015 ****61.25

DOCUMENT # N97000003540 1. Entity Name EL CYCLON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 248 WASHINGTON AVENUE MIAMI BEACH, FL 33139				Mailing Address 248 WASHINGTON AVENUE MIAMI BEACH, FL 33139	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CURRAN, ROBERT 248 WASHINGTON AVE MIAMI, FL 33139				Name _____	
				Street Address (F.O. Box Number is Not Acceptable) _____	
				City _____	
				FL 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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when installing)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	PDT <input type="checkbox"/> Delete				
NAME	CURRAN, ROBERT				
STREET ADDRESS	248 WASHINGTON AVENUE				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	ST <input type="checkbox"/> Delete				
NAME	MIRE, XIMETTA				
STREET ADDRESS	248 WASHINGTON AVENUE				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	VPD <input type="checkbox"/> Delete				
NAME	SCHMELZER, JARED				
STREET ADDRESS	248 WASHINGTON AVE., #B				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BROWNING, NATHAN				
STREET ADDRESS	248 WASHINGTON AVE				
CITY-ST-ZIP	MIAMI BEACH, FL 33139				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 3.21.05 Daytime Phone #: 305 992 5343					

50030786



03152005 Chg-NP CR2E037 (10/03)

4. FEI Number 35-1084233 Applied For Not Applicable

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

FL Zip Code

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDT <input type="checkbox"/> Delete	TITLE	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRAN, ROBERT	NAME	BROWNING, NATHAN
STREET ADDRESS	248 WASHINGTON AVENUE	STREET ADDRESS	248 WASHINGTON AVE
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRE, XIMETTA	NAME	
STREET ADDRESS	248 WASHINGTON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3.21.05** Daytime Phone #: **305 992 5343**